

Commonwealth of Virginia - REQUEST FOR PROPOSAL

Issue Date: April 17, 2002

Issue Title: **Inpatient Psychiatric Services - Adult, Adolescent and Children Services**

Issuing Agency: Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) Office of Administrative Services - P.O. Box 1797, Richmond, Virginia 23218

Using Agency and Location Where Work Will Be Performed: Commonwealth of Virginia – Statewide

Period of the Contract: From date of final execution through June 30, 2004 for services beginning July 1, 2002.

Renewals: Contract may be renewed for two (2) additional periods of two (2) year duration upon mutual agreement between all parties and subject to the availability of funding.

Proposals will be received for furnishing services described herein until:

Wednesday, May 22, 2002 - 3:00 PM Local Time

Pre-Proposal Conference - None

All inquiries for information shall be directed to:

Copies of this RFP:	May be obtained by accessing our Website at www.dmhmrzas.state.va.us or by calling Gwen Duncan at (804) 786-3915
Proposal Preparation and General Procedural Queries:	Mike Oprysko 804-786-6562
Scope of Work:	SEE NOTE

NOTE:	<p>Vendors who expect to submit proposals in response to this solicitation are requested to return <u>Form 1 – Intention to Respond</u> via fax to 804-786-3827 no later than close of business on April 26, 2002.</p> <p>To ensure that all questions receive responses, interested vendors are requested to submit questions via fax to 804-786-3827 using the enclosed <u>Form 2—Fax Back Solicitation Questions</u> to include voice and fax phone numbers by no later than 3 PM Local Time – on May 2, 2002.</p> <p>Responses to questions received by May 2, 2002, will be posted on our Website no later than May 9, 2002. No other distribution of the responses will be made. No other questions will be responded to after the May 2, 2002 deadline.</p>
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Proposal Delivery Information:

All Proposals shall be addressed: **DMHMRSAS, Office of Administrative Services**. If mailed, send to **P.O. Box 1797, Richmond, VA 23218**; if hand delivered **Jefferson Building, 1st Floor - Room 108, 1220 Bank Street, Richmond, Virginia, 23219**. Envelopes should be marked with RFP number and opening date and time. It is the contractor's responsibility to assure that proposals are received and logged in by Procurement Operations staff at the location indicated by the date and time above, regardless of the method of delivery. LATE proposals will NOT be accepted under any circumstances. The above page, the signature page and entire document, made up of XX pages must accompany your proposal, with all information supplied and signatures applied as required.

IN COMPLIANCE WITH THE ABOVE REFERENCED REQUEST FOR PROPOSALS AND TO ALL THE CONDITIONS IMPOSED HEREIN, IN FACT OR BY REFERENCE, THE UNDERSIGNED OFFERS AND AGREES TO FURNISH THE SERVICES IN ACCORDANCE WITH THE ATTACHED SIGNED PROPOSAL OR AS MUTUALLY AGREED UPON BY SUBSEQUENT NEGOTIATION.

Offeror Name and Address:

_____	Date: _____
_____	By: _____
_____	<i>(Official Signature in Ink)</i>
Telephone: _____	Printed Name: _____
FEI/FIN Number: _____	Title: _____

The following information is requested, but it is not mandatory that it be supplied. Minority status does not influence the award:

<input type="checkbox"/>	Contractor DOES consider his/her firm to be a minority business.
<input type="checkbox"/>	Contractor does NOT consider his/her firm to be a minority business
<input type="checkbox"/>	Contractor IS certified as a minority business by VA Department of Minority Business Enterprise.
<input type="checkbox"/>	Contractor is NOT certified as minority business by VA Department of Minority Business Enterprise.

FORM 1 – INTENTION TO RESPOND
No Fax Cover Sheet Is Required

FAX BACK:

Your assistance is requested. Please fax back immediately.

TO: Procurement Operations, Office of Administrative Services
Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
Richmond, Virginia 23218

FAX TO: 804-786-3827

The organization below (check any that apply):

Intends to prepare and submit a proposal to the above referenced solicitation.
Our contact person will be: _____
Contact voice phone number is: _____
Contact fax number is: _____
Contact E-Mail Address: _____

Does NOT intend to respond to the above referenced solicitation.

Other message: _____

Company Name: _____

Person Responding: _____

Voice Phone: _____ Fax: _____

FORM 2-- Fax Back Solicitation Questions
(Offerors to reproduce as needed.)
No Fax Cover Sheet Is Required.

FAX BACK — Proposal Questions:

TO: Procurement Operations, Office of Administrative Services
Virginia Dept. of Mental Health, Mental Retardation and Substance Abuse Services
Richmond, Virginia 23218

FAX TO: 804-786-3827

Please record your question(s) regarding the above referenced solicitation:

Your Company:

Your Name:

Your Voice Phone:

Fax Phone:

1.0 **BACKGROUND AND PURPOSE:**

- 1.1 Due to fluctuations in demand for acute adult, adolescent, and child psychiatric stabilization beds at various points in time throughout the Commonwealth of Virginia, DMHMRSAS must on occasion be prepared to augment the purchase of inpatient psychiatric services available in private sector facilities.

If it can be demonstrated that local private hospitals can provide a cost-effective alternative for the provision of state-funded adult acute inpatient services, then the DMHMRSAS may be able to re-focus its mission, concentrate on specialized longer-term psychiatric treatment and rehabilitation services, and improve quality of care and long-term outcomes for public sector patients with severe psychiatric disability.

- 1.2 The purpose of this Request for Proposals (RFP) is to solicit responses from qualified providers for these services.

By statute, Community Services Boards/Behavioral Health Authorities (CSBs/BHAs) are required to pre-screen all potential admissions and recommend hospitalization only for those persons who meet state hospital admission criteria, and for whom less restrictive community-based options are not appropriate. In addition, CSB/BHA staff and state hospital staffs are required to work jointly upon admissions to develop treatment plans and ensure appropriate hospital services. CSBs/BHA are responsible for pre-discharge planning, which must begin at admission. In effect, CSB/BHA staff function as members of the hospital treatment team, and can participate fully in all diagnostic staffing, treatment planning conferences, continuing case conferences and reviews, discharge planning conferences, and other hospital-based inter-disciplinary activities.

- 1.3 For the purposes of this solicitation and any subsequent agreement(s), the "Purchasing Agency" shall reference DMHMRSAS, or any of its facilities (**Attachment A**); the "CSBs/BHAs" or "Referring CSB/BHA" shall reference any or all of the CSBs/BHAs (**Attachment B**). "Contractor", "Provider", "Offeror" and "Proposer" shall refer to the service provider submitting a proposal or to which an award is made.

- 1.4 To ensure adequate coverage for the provision of these services throughout the Commonwealth of Virginia, the Purchasing Agency considers this RFP as an open-ended solicitation. The Purchasing Agency reserves the right to:

1.4.1 Allow at anytime and upon identification of qualified providers of these services not awarded contracts as a result of the initial mailing of this RFP, to submit to the Purchasing Agency the required information as outlined in this RFP for consideration as a contractual provider of these services. For any contract awarded under this criteria, the contract duration shall not extend beyond the original contract duration which is for a period of two (2) beginning July 1, 2002 and continuing through June 30, 2004 with the possibility of two (2) additional renewals of two (2) year duration.

1.4.2 All Contractor's shall only be entitled to receive a Consumer Price Index (CPI) increase effective July 1st of each year of the contract. This increase shall only be granted to contractual providers who have been under this contract for a period of at least twelve (12) months prior to the July 1st effective date for a CPI index increase.

1.5 It is understood and agreed between all parties that the purchasing agency or any participating agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

2.0 **QUALIFICATIONS OF THE PROVIDER:**

2.1 Only providers which are fully licensed in the Commonwealth of Virginia and which are accredited through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and be Medicaid/Medicare certified shall be considered for an award of a contract as a result of this RFP. Those providers who may be in the process of becoming fully licensed, accredited and certified may submit a response to this RFP, however no contract may be awarded to any Offeror until all qualifications are met.

2.2 Offerors must demonstrate that they, at the time of their offer, have or will have by contract start date, a fully operational acute psychiatric inpatient service.

2.3 Offerors must demonstrate their willingness and ability to meet applicable parts of the Continuity of Care requirements listed in **Attachment C (marked with asterisks)**.

3.0 **PROCUREMENT ESTIMATED TIME LINE:**

Event	Target	Location
Issue Solicitation to potential providers.	4/17/02	From Richmond, Virginia
Collect questions from vendors	Thru 5/02/02	Richmond, Virginia
Receive proposals	5/22/02 - 3 PM	Richmond, Virginia
Evaluate proposals	Thru 6/06/02	Richmond, Virginia
Negotiations with Offerors	Up to 6/13/02	Richmond, Virginia
Post Intent	6/14/02	Richmond, Virginia
Target Award	6/24/02	Richmond, Virginia

4.0 **STANDARDS OF PERFORMANCE:**

4.1 Providers of services must meet and maintain the following standards:

4.1.1 Highest professional ethics and standards.

4.1.2 Full compliance with the requirements of JCAHO.

4.1.3 Licensed by the Commonwealth of Virginia, DMHMRSAS.

4.1.4 Compliance with the DMHMRSAS Services Management Guidelines (available for review in Purchasing Agency's Library).

4.1.5 Full compliance with Medicare/Medicaid standards.

5.0 **INFORMATION:**

- 5.1 It is the intention of the purchasing agency to utilize resulting contract(s) to manage acute inpatient services demand. The contract(s) are intended to provide acute psychiatric services for a brief period until stabilization occurs and the individual can return to the community or home. All stays extending beyond five (5) days will be subject to utilization review protocol and written authorization by the Purchasing Agency, which shall be required for continued stay. Purchasing Agency shall not be responsible for payment of billable services beyond five (5) days without written authorization.
- 5.2 It is anticipated that this solicitation will result in multiple contracts due to the geographic location of the clients and the need to assure availability of services.
- 5.3 The purchasing agency may utilize any of the established contracts. It is likely that the service provider with the lowest per diem, which is nearest the home environment of the client, and whose program is most appropriate will be selected.
- 5.4 Patients for admission to contracted providers will be voluntary or involuntary.
- 5.5 Approximately **2%** of the patients admitted will have some third party insurance coverage.
- 5.6 Some of the clients referred will have been receiving care from one or more of the referring CSB's/BHA's mental health programs prior to admission. Other clients may have been receiving their care from private practitioners or agencies, or may not have been receiving any care.
- 5.7 Clients will usually be in crisis or experiencing an exacerbation of their symptoms (depression, thought disorders, impulse control, etc.) so that they cannot be safely or effectively treated in an outpatient setting.
- 5.8 The Purchasing Agency prefers to purchase services at the most reasonable fee structure consistent with quality care.
- 5.9 Where practicable, the contractor should consider including transportation to and from the Hospital's and Facilities or CSB's/BHA's in their services. The most comprehensive set of services is preferred.
- 5.10 Approximately 60% of patients admitted are expected to be covered by and/or eligible for Medicaid/Medicare. The Purchasing Agency shall not be bound to this estimate.
- 5.11 The Purchasing Agency invites Offerors to express their desire to expand the set of psychiatric services addressed in this solicitation to include (a) inpatient medical/surgical treatment or diagnostic services, (b) partial hospitalization/day treatment and/or (c) emergency psychiatric services. The Purchasing Agency reserves the right, but is not obligated, to expand any resulting contract to include inpatient medical/surgical treatment or diagnostic services, partial hospitalization/day treatment and/or emergency psychiatric services throughout the contract term through negotiation and agreement between the parties and written contract modification. In the event of an expansion of the resulting contract, all rates negotiated shall not be greater than those usual and customary rates charged for the same or similar services.

5.12 Contracts that may be awarded as a result of this RFP are not specifically intended to be utilized for patients who are currently hospitalized in a Contractor's facility. Awarded contracts are not intended to be utilized as an alternative funding source for inpatients who have lost or exhausted payment sources. All decisions to invoke the terms of this agreement shall be made by expressed authorization of admission by an authorized official of a State Facility, a referring CSB who has elected to become the funding source or the Department of Mental Health, Mental Retardation and Substance Abuse Services Central Office.

6.0 SPECIFIC REQUIREMENTS OF SERVICE (SCOPE OF WORK):

6.1 Contractor shall accept all patient(s) referred by the Purchasing Agency under the contract awarded as a result of this RFP identified by purchasing agency and/or provide high quality comprehensive inpatient services in a program specifically designed for acute psychiatric conditions in compliance with standards noted herein.

6.2 Contractor shall assure that the attending physician will be a psychiatrist who is board eligible in psychiatry and fully licensed in Virginia. The Purchasing Agency reserves the right to waive this requirement for Offerors not located within Virginia. All physicians shall be fully licensed by the prevailing jurisdiction using licensure protocol acceptable to the Purchasing Agency and which are substantially similar to those required by the Commonwealth of Virginia.

6.3 Contractor shall consider only the purchasing agency as the admitting authority in utilization of this contract.

6.4 Contractor shall provide all clinically necessary acute inpatient psychiatric services.

6.5 Contractor shall provide the following within the first five (5) day period of the patient stay:

6.5.1 A complete Physical and Neurological examination and nursing assessment to be performed within the first 24 hours will include urinalysis and routine laboratory testing, including toxicology screens as indicated and screens or profiles for alcohol and drugs of abuse, to assure that the patient has no life-threatening non-psychiatric illness, no contagious diseases, and is not under the influence of alcohol or other drugs of abuse.

6.5.2 An interview and assessment of psychological status upon admission in accordance with JCAHO standards.

6.5.3 A full psychiatric evaluation including history, general impressions, mental status, diagnosis, prognosis and recommended treatment plan within 24 hours or in accordance with JCAHO standards.

6.5.4 Commence a psycho/social history, to include history of substance abuse; educational, occupational and activity therapy assessments. Such histories and assessments shall be completed within the first five (5) days of stay or by the time of discharge, whichever comes first.

6.5.5 Discharge planning in conjunction with the referring agency's liaison shall begin upon admission.

- 6.5.6 If required by the referring agency, contractor shall provide copies of patient record at the time of discharge.
- 6.6 Contractor shall provide the following basic services during patients stay for each hospital day, including weekends and holidays:
- 6.6.1 Room and Board.
 - 6.6.2 Laboratory, Pharmacy and Radiology Services.
 - 6.6.3 Appropriate leisure activities.
 - 6.6.4 Appropriate level of security.
 - 6.6.5 Essential personal and hygiene items as may be necessary.
 - 6.6.6 Psychiatrist, psychiatric diagnostic and therapeutic services.
 - 6.6.7 Services provided by fully qualified staff who have been trained in the appropriate disciplines as deemed clinically necessary during the hospitalization. This may include individual milieu or family intervention counseling.
- 6.7 Contractor shall allow access to the patient by purchasing agency-designated clinicians and by CSB/BHA clinicians in compliance with the attached procedures for Continuity of Care Procedures (**Attachment D**). Such access shall be for the purpose of planning treatment and discharge.
- 6.8 Contractor shall actively invite agency designated facility clinicians and CSB/BHA mental health clinicians to be active participants in the treatment process.
- 6.9 Contractor shall provide services at the negotiated rate, which shall be inclusive of physicians and psychiatrist's daily fees and all other ancillary treatment fees for all psychiatric services.
- 6.10 Contractor shall provide as part of their negotiated per diem rate, transportation services if a client requires transfer to a state facility, and if allowed by Code of Virginia.
- 6.11 Treatment for emerging or emergency general medical conditions should be initiated and shall be brought to the attention of the Admitting Agency representative immediately. Contractor shall discharge patient from inpatient psychiatric bed purchase status in any case in which medical needs necessitate admission to a medical hospital bed.
- 6.12 Extraordinary diagnostic testing, including but not limited to CT scan, MRI, EEG, EMG and extensive psychological testing such as neuropsychological testing shall be authorized in writing in advance on a case by case basis by the Admitting Agency representative in consultation with the referring CSB/BHA representative or by the State facility procuring the service, as applicable. The Contractor shall attach a copy of the pre-authorization to the invoice prior to submission to the Purchasing Agency in order to process.
- 6.13 Electro-Convulsive Treatment (ECT) shall not be considered ordinary treatment and would require specific prior written authorization from the Purchasing Agency. Rates for ECTs will not be considered part of the original per diem which is the negotiated rate inclusive of physician's and psychiatrist's daily fees and all other ancillary treatment fees for all psychiatric services.

- 6.14 Contractor shall bill directly all third party payors for eligible services and will not bill the purchasing agency that part of the negotiated per diem rate that remains unpaid by third party payors or seek payment from the client.
- 6.15 Contractor shall provide the following related to discharge or transfer to a public facility:
 - 6.15.1 Contractor shall ensure continuity of discharge planning by the designation of a primary and secondary contact person known to the CSB/BHA. Contact person shall collaborate with CSB/BHA and/or State facility in discharge planning
 - 6.15.2 Upon discharge, the discharge order shall be sent via facsimile to the designated person at the CSB/BHA or State facility and shall include information on discharge medications, amount dispensed, and any other pertinent information. Full typed summaries, including lab and other medical reports, shall be provided within five (5) days.
 - 6.15.3 Contractor shall provide a two (2) week supply of medication upon patient discharge. If clinically contraindicated, negotiation shall take place with the discharge planner to hold one week of medications and give one week to the patient the day of discharge.
 - 6.15.4 When transfer occurs to a public facility, a minimum of the following shall accompany the patient:
 - 6.15.4.1 A completed current prescreening form within five (5) days of anticipated transfer.
 - 6.15.4.2 Medication discharge order and medication administration record.
 - 6.15.4.3 Copy of court papers, when applicable.
 - 6.15.4.4 Copy of the medical record to include a typed transfer summary.

7.0 **REQUIREMENTS OF THE PURCHASING AGENCY THROUGH THE CSB/BHA**

- 7.1 The CSB/BHA shall provide a coordinator to provide contractor information, telephone consultation and assistance on all matters relating to the patient's care.
- 7.2 The CSB/BHA shall provide any third party billing information that it possesses.

8.0 **PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS:**

- 8.1 RFP Response: In order to be considered for selection, Offerors must submit a complete response to this RFP. One (1) original and (5) copies of each proposal must be submitted to the issuing agency. No other distribution of the proposal shall be made by the Offeror.

8.2 Proposal Preparation:

- 8.2.1 Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in the Contracting Agency requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by the Contracting Agency. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
- 8.2.2 Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.
- 8.2.3 Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the paragraph number, subletter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and subletter should be repeated at the top of the next page. The proposal should contain a table of contents that cross references the RFP requirements. Information which the Offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at an appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find where the RFP requirements are specifically addressed.
- 8.2.4 Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.
- 8.2.5 Ownership of all data, materials, and documentation originated and prepared for the State pursuant to the RFP shall belong exclusively to the State and be subject to public inspection in accordance with the *Virginia Freedom of Information Act*. Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the *Virginia Freedom of Information Act*, however, the Offeror must invoke the protections of § 11-52D of the *Code of Virginia*, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection of the proposal.

- 8.2.6 Participation of Small Businesses and Businesses owned by Women and Minorities: It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of small businesses and businesses owned by women and minorities and to encourage their participation in State procurement activities. The Commonwealth encourages contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts or other contractual opportunities. Submission of a report of past efforts to utilize the goods or services of such businesses and plans for involvement in or with this contract are required (**Attachment E**). By submitting a proposal, Offerors certify that all information provided in response to this RFP is true and accurate. Failure to provide information required by this RFP will ultimately result in rejection of this proposal.
- 8.2.7 Oral Presentation: Offerors who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to the agency. This provides an opportunity for the Offeror to clarify or elaborate on the proposal. This is a fact finding and explanation session only and does not include negotiation. The issuing agency will schedule the time and location of these presentations. Oral presentations are an option of the contracting agency and may or may not be conducted.
- 8.3 Specific Requirements of Proposal: Proposals submitted in response to this RFP should be as concise as possible so that the DMHMRSAS evaluation team may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following items, in clearly labeled, sections, as a complete proposal:
- 8.3.1 Section 1 - The return of this complete RFP signed (coversheet) and filled out as required.
- 8.3.2 Section 2 - A commitment summary supporting compliance with all of the requirements in section 6.0 - Specific Requirements of Service (Scope of Work) of this RFP.
- 8.3.3 Section 3, to include:
- 8.3.3.1 A completed census history from your facility stating the current census (at the time your RFP submission), the total number of certified psychiatric beds (adult, adolescent, and child – please address all, even if number may be zero for a particular population), and average occupancy of these beds.
- 8.3.3.2 The population (adult, adolescent and child) the Offeror is submitting/willing to provide services to (please address all, even if number may be zero for a particular population) and the number of beds (adult, adolescent and child) that the Offeror estimates to be available to the Purchasing Agency.
- 8.3.3.3 The average number of patient days per month that may be available to the Purchasing Agency.
- 8.3.3.4 A narrative description of proposed operational procedures to be used which will assure communication among the contractor and purchasing agency staff.

- 8.3.3.5 A plan and proposal for the delivery of any emergent general medical needs of patients.
- 8.3.3.6 Offeror's willingness to offer transportation services and present plan for doing so in their proposal.
- 8.3.3.7 Offeror's desire and capacity for the provision of the items as outlined in Section 5.0, Number 5.11. Desire and capacity should be stated in one (1) page or less.
- 8.3.4 Section 4, to include:
 - 8.3.4.1 An outline of physician privileging protocols and protocols used in privileging any other professionals.
 - 8.3.4.2 References of the Offeror to include evidence (valid and current copies) of licensure, JCAHO accreditation, certificate of insurance and other certifications and accreditations.
 - 8.3.4.3 List of attending psychiatrist(s) involved in management and operation of the Offeror's psychiatric program who are currently licensed and board certified.
 - 8.3.4.4 Descriptive or statistical report regarding utilization management data and outcome evaluations of the facilities psychiatric services for adult, adolescents and children.
- 8.3.5 Section 5, to include:
 - 8.3.5.1 A narrative description of charges, billing and payment methods
 - 8.3.5.2 A pricing schedule of extraordinary diagnostic procedures that may include, but not limited to CT scan, MRI, EEG and EMG and therapeutic procedure such as ECT.
 - 8.3.5.3 A per diem rate proposal for services in either a fixed flat rate per day or the Offeror's willingness to provide a decreasing sliding scale per diem as a patient stay progresses as follows:
 - Per Diem (Per Day) = \$_____ (Fixed Flat Rate)
 - OR
 - Day 1 through _____ = \$_____
 - Day _____ through _____ = \$_____
 - Day _____ through _____ = \$_____
 - Day _____ through _____ = \$_____ (If Applicable)
 - 8.3.5.4 List with associated costs for any other treatment procedures Offeror considers extraordinary and not within normal range of per diem. None of the requirements

of section 6.0 shall be considered extraordinary other than those items listed in 6.11 and ECT.

8.3.6 Section 6 - Narrative explanation of any limitations, exceptions or exclusions of service, a description of any assumptions made or expectations of the purchasing agency not herein delineated.

8.3.7 Section 7 - Any additional information that is relevant to the delivery of the services desired and which may assist the purchasing agency in the evaluation of the Offeror's response.

7.0 EVALUATION AND AWARD CRITERIA

7.1 Proposals shall be evaluated by the DMHMRSAS using the following criteria:

7.1.1 Qualifications of the provider, including background, experience and expertise.

7.1.2 Programmatic approach to providing this service.

7.1.3 Number of estimated available beds and availability of service.

7.1.4 Utilization management results.

7.1.5 Comprehensive nature of program in relation to cost of services.

7.1.6 Participation of Small Businesses and Businesses owned by Women and Minorities

7.1.7 Cost of proposed services.

7.2 Award: Selection shall be made of various Offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors above. Negotiations shall be conducted with the Offerors so selected. After negotiations have been conducted with each Offeror so selected, the agency shall select the Offeror(s), which, in its sole opinion, has made the best proposal, and shall award the contract to those Offerors. The agency may cancel this Request for Proposals or reject proposals at any time prior to an award, and is not required to furnish a statement of the reason why a particular proposal was not deemed to be the most advantageous. (Section 11-65D, Code of Virginia.) Should the DMHMRSAS determine in writing and in its sole discretion that only one Offeror is fully qualified in a particular area of the state, or that one Offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that Offeror. The award document will be a contract incorporating by reference all the requirements, terms, and conditions of the solicitation and the Contractor's proposal as negotiated.

8.0 REPORTING AND DELIVERY INSTRUCTIONS:

8.1 Written Report:

Contractor shall submit by the fifteenth (15th) day following the end of each month, a monthly report showing total # of bed days per month and aggregate totals, total cost of those bed days

to be invoiced per month and aggregate totals, and average length of stay per month and aggregate totals.

8.7 Report Submission: Written reports shall be submitted to DMHMRSAS PM will be sent to:

DMHMRSAS Central Office
ATTN: Michael J. Oprysko, CPPB,VCO
P.O. Box 1797
Richmond, VA 23218

10.0 GENERAL TERMS AND CONDITIONS:

- 10.1 **VENDOR'S MANUAL** : This solicitation is subject to the provisions of the Commonwealth of Virginia *Vendor's Manual* and any revisions thereto, which are hereby incorporated into this contract in their entirety. A copy of the manual is normally available for review at the purchasing office and in addition a copy can be obtained by calling the Division of Purchases and Supply - (804) 786-3842. The appeals and disputes procedures set forth in the *DMHMRSAS Standard Administrative Practices and Procedures Manual*, Chapter 5 – Contractual Services, are applicable to this contract. A copy of this chapter is available for review in the offices of the Contracting agency.
- 10.2 **APPLICABLE LAWS AND COURTS**: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with applicable federal, state and local laws and regulations.
- 10.3 **ANTI-DISCRIMINATION**: By submitting their proposals, Offerors certify to the Commonwealth that they shall conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and ' 2.2-4311 of the *Virginia Public Procurement Act*. If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of Virginia*, ' 2.2-4343.1E).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the Contractor agrees as follows:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

- b. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such Contractor is an equal opportunity employer.
 - c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
2. The Contractor will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions shall be binding upon each subcontractor or vendor.
- 10.4 **ETHICS IN PUBLIC CONTRACTING:** By submitting their proposals, Offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other Offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.
- 10.5 **IMMIGRATION REFORM AND CONTROL ACT OF 1986:** By submitting their proposals, the Offerors certify that they do not and shall not during the performance of this contract employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.
- 10.6 **DEBARMENT STATUS:** By submitting their proposals, Offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting proposals or bids on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently debarred.
- 10.7 **ANTI-TRUST:** By entering into a contract, the Contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of the action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- 10.8 **MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS:** Failure to submit a proposal on the official state form provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to any portion of the Request for Proposals may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal as non responsive. As a precondition to its acceptance, the Commonwealth may, in its sole discretion, request that the Offeror withdraw or modify nonresponsive portions of a proposal which do not affect quality, quantity, price, or delivery. No modification of or addition to the provisions of the contract shall be effective unless reduced to writing and signed by the parties.
- 10.9 **CLARIFICATION OF TERMS:** If any prospective Offeror has questions about the specifications or other solicitation documents, the prospective Offeror should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the

solicitation shall be made only by addendum issued by the buyer.

10.10 **PAYMENT:**

1. To Prime Contractor:

- a. Invoices for services ordered, delivered and accepted shall be submitted by the Contractor directly to the attention of "Fiscal Officer" at each referring Agency, Facility or CSB/BHA. All invoices shall show the state contract number and/or purchase order number and the federal employer identification number.
- b. Any payment terms requiring payment in less than 30 days shall be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
- c. All services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the Contractor at the contract price, regardless of which public agency is being billed.
- d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.
- e. **Unreasonable Charges:** Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, Contractors should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges that appear to be unreasonable will be researched and challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the Contractor, in writing, as to those charges which it considers unreasonable and the basis for the determination. A Contractor may not institute legal action unless a settlement cannot be reached within thirty (30) days of notification. The provisions of this section do not relieve an Agency of its prompt payment obligations with respect to those charges that are not in dispute (*Code of Virginia, ' 2.2-4363*).

2. To Subcontractors:

- a. A Contractor awarded a contract under this solicitation is hereby obligated:
 - (1) To pay the subcontractor(s) within seven (7) days of the Contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or

(2) To notify the Agency and the subcontractor(s), in writing, of the Contractor's intention to withhold payment and the reason.

b. The Contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the Contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A Contractor's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.

10.11 **PRECEDENCE OF TERMS:** Paragraphs 6.1 – 6.10 of these General Terms and Conditions shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

10.12 **QUALIFICATION OF OFFERORS:** The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the work/furnish the item(s) and the Offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect Offeror's physical facilities prior to award to satisfy questions regarding the Offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such or Offeror fails to satisfy the Commonwealth that such or Offeror is properly qualified to carry out the obligations of the contract and to complete the work/furnish the item(s) contemplated therein.

10.13 **TESTING AND INSPECTION:** The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure services shall conform to the specifications.

10.14 **ASSIGNMENT OF CONTRACT:** A contract shall not be assignable by the Contractor in whole or in part without the written consent of the Commonwealth.

10.15 **CHANGES TO THE CONTRACT:** Changes can be made to the contract in any one of the following ways:

1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
2. The Contracting agency may order changes within the general scope of the contract at any time by written notice to the Contractor. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The Contractor shall comply with the notice upon receipt. The Contractor shall be compensated for any additional costs incurred as the result of such order and shall give the Contracting agency a credit for any savings. Said compensation shall be determined by one of the following methods:

- a. By mutual agreement between the parties in writing; or
- b. By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the Contractor accounts for the number of units of work performed, subject to the Contracting agency's right to audit the Contractor's records and/or to determine the correct number of units independently; or
- c. By ordering the Contractor to proceed with the work and to keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The Contractor shall present the Contracting agency with all vouchers and records of expenses incurred and savings realized. The Contracting agency shall have the right to audit the records of the Contractor, as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to the Contracting agency within thirty (30) days from the date of receipt of the written order from the Contracting agency.

If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia *Vendors Manual*. Neither the existence of a claim or a dispute resolution process, litigation or any other provision of this contract shall excuse the Contractor from promptly complying with the changes ordered by the Contracting agency or with the performance of the contract generally.

- 10.16 **DEFAULT:** In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the Contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies, which the Commonwealth may have.
- 10.17 **TAXES:** Sales to the Commonwealth of Virginia are normally exempt from State sales tax. State sales and use tax certificates of exemption, Form ST-12, will be issued upon request. Deliveries against this contract shall usually be free of Federal excise and transportation taxes. The Commonwealth's excise tax exemption registration number is 54-73-0076K.
- 10.18 **INSURANCE:** By signing and submitting a proposal under this solicitation, the Offeror certifies that if awarded the contract, it will have the following insurance coverages at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with 2.2-4332 and 65.2-800 et seq. of the *Code of Virginia*.

The Offeror further certifies that the Contractor and any subcontractors will maintain these insurance coverages during the entire term of the contract and that all insurance coverages will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

INSURANCE COVERAGES AND LIMITS REQUIRED:

1. Worker's Compensation - Statutory requirements and benefits.
2. Employers Liability - \$100,000.

3. Commercial General Liability - \$500,000 combined single limit. Commercial General Liability is to include Premises/Operations Liability, Products and Completed Operations Coverage, and Independent Contractor's Liability or Owner's and Contractor's Protective Liability. The Commonwealth of Virginia must be named as an additional named insured when requiring a Contractor to obtain Commercial General Liability coverage.
4. Automobile Liability - \$500,000 - Combined single limit.

10.19 **ANNOUNCEMENT OF AWARD:** Upon the award or the announcement of the decision to award a contract as a result of this solicitation, the Contracting agency will publicly post such notice on the DMHMRSAS Office of Administrative Service's bulletin board located on the 1st floor of the Jefferson Building – 1220 Bank Street, Richmond, Virginia 23219 for a minimum of 10 days.

10.20 **DRUG-FREE WORKPLACE:** During the performance of this contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a Contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

10.21 **NONDISCRIMINATION OF CONTRACTORS:** An Offeror, or contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, national origin, age, or disability or against faith-based organizations. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

11.0 **SPECIAL TERMS AND CONDITIONS:**

11.1 **EXPANSION OF TARGET:** Throughout the original contract term and any subsequent renewal, along with the identification of available funding, the Contractor may be utilized, at the sole

discretion of the DMHMRSAS, to provide similar services or continuing technical assistance and consultation services in the area addressed by this solicitation.

- 11.2 **PROJECT MANAGER:** A primary Project Manager will be appointed by the DMHMRSAS who will be responsible for monitoring and evaluating the day-to-day activities and performance of services of the resulting contract. The Project Manager may authorize minor changes to the scope and delivery of services that are not considered substantive and which do not modify in any material fashion the scope, quality or quantity of services. The Project Manager cannot approve contract cost increases. Only the contracting officer of the DMHMRSAS may authorize changes, increases or additions to billable services under the resulting contract.
- 11.3 **NON-EXCLUSIVITY:** The resulting contract may not be the only contract awarded throughout the contract term for services of same or similar scope.
- 11.4 **PREVAILING LAWS:** All services provided by Contractor pursuant to this agreement shall be performed to the satisfaction of the Agency, and in accord with all applicable federal, state and local law, ordinance, rules and regulations. Contractor shall not receive payment for work found by the Agency to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.
- 11.5 **AUDIT:** The Contractor hereby agrees to retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, or State auditors shall have full access to and the right to examine any of said materials during said period.
- 11.6 **OBLIGATION OF OFFEROR:** By submitting a proposal, the Offeror covenants and agrees that he has satisfied himself, from his own investigation of the conditions to be met, that he fully understands his obligation and that he will not make any claim for, or have right to cancellation or relief from the contract because of any misunderstanding or lack of information.
- 11.7 **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that the agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- 11.8 **RECRUITMENT OF OFFICIALS:** The contractor is prohibited from hiring at any time during the initial term of any contract resulting from this RFP any Department employee who was materially involved in the preparation of the Request for Proposal or in the selection of the awarded contractor.
- 11.9 **CANCELLATION OF CONTRACT:** The DMHMRSAS reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 30 days written notice to the Contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation

notice shall not relieve the Contractor of the obligation to deliver or perform on all outstanding orders issued prior to the effective date of cancellation.

Should any Contractor decide to cancel their contract after the initial 12-month period, DMHMRSAS will allow any Contractor to re-apply to be a contractual provider of these services by submitting a request in writing to the Contracting Agency. The Contractor, however will not be re-added to the list of contract providers until the Contractor has waited at least one full year following the date of cancellation. If required by the Contracting Agency, Contractor(s) shall submit in writing any necessary information and/or assurances pertaining to the provision of services. The Contracting Agency reserves the right to approve or disapprove any reapplication of any Contractor. It is further understood and agreed that the terms and conditions of this RFP, the Contractor's original award documents as may be amended shall apply to the reapplication if approved. Upon successful reapplication, Contractor's rates shall not exceed their original awarded rates plus any approved CPI Index increases that may have been approved as if provision of services had never been cancelled.

11.10 **RENEWAL OF CONTRACT:** This contract may be renewed by the Contracting agency upon written agreement of both parties for two (2) additional periods of two-year duration under the terms and conditions of the original contract except as stated in 1 below. DMHMRSAS will automatically provide all Contractor's, unless individually requested otherwise in writing, a price increase for year 2 and year 4 of the contract that shall not exceed the contract price(s) of the original contract increased/decreased by more than the percentage increase/decrease of the "medical care services" category of the CPI-W section of the Consumer Price Index - of the United States Bureau of Labor Statistics for the latest twelve (12) months for which statistics are available and which will be effective on July 1st. Price increases for year 3 and year 5 may be negotiated and must be requested only at the time of renewal. Written notice of the Commonwealth's intention to renew shall be given approximately 30-90 days prior to the expiration date of each contract period.

1. If the Commonwealth elects to exercise the option to renew the contract for year 3 through year 4 (July 1 2004 – June 30, 2006) and/or year 5 through year 6 (July 1, 2006 through June 30, 2008), the contract price(s) for year 3 and year 5 shall not exceed the contract price(s) of the previous one-year period increased/decreased by more than the percentage increase/decrease of the "medical care services" category of the CPI-W section of the Consumer Price Index - of the United States Bureau of Labor Statistics for the latest twelve (12) months for which statistics are available as of the dates set forth in the renewal documents.

11.11 **SUBCONTRACTS:** Except as stipulated herein, no portion of the work shall be subcontracted without prior written consent of the DMHMRSAS. In the event that the Contractor desires to subcontract some part of the work specified herein, the Contractor shall furnish the DMHMRSAS the names, qualifications and experience of their proposed subcontractors and the Department reserves the right to reject any subcontractor proposed throughout the term of this agreement. The Contractor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.

- 11.12 **CONFIDENTIALITY AND RECORDS:** The Contractor assures that information and data obtained as to personal facts and circumstances related to clients or staff will be held confidential, during and following the term of this agreement, and will not be divulged, except as required to legally meet mandatory requirements, without the individual's and the DMHMRSAS's written consent and then only in strict accordance with prevailing laws. The Contractor shall hold all information provided by the DMHMRSAS as proprietary and confidential, and shall make no unauthorized reproduction or distribution of such material, in the event it is identified as Governor's Working Documents, Attorney-Client Privileged, related to procurement and contracting processes, or is otherwise exempt from Code of Virginia, Freedom of Information statutes. Upon termination of this agreement and/or within 30 days of receipt of final payment for services, all materials and information in the possession of the contractor, including patient medical and legal records, shall be restored or provided to the DMHMRSAS and electronic information and data in possession of the contractor shall be provided to the DMHMRSAS in digital form upon media designated by the DMHMRSAS and will be expunged from equipment and systems retained by the contractor.
- 11.13 **INVOICES:** It shall be the responsibility of the Contractor(s) that all invoices for payment of billable services be submitted and received by the "Fiscal Officer" at each referring Agency, Facility or CSB/BHA no later than sixty (60) days after patient(s)/client(s) is/are discharged. The Contractor fully understands this invoicing requirement, agrees to comply with it and accepts total responsibility for any invoices not received as stipulated. It is further understood by the Contractor that the Contracting/Purchasing Agency shall not be held responsible for payment of billable services to the Contractor if the Contractor fails to comply with this invoicing requirement, as the funding source for payment of billable services under the contract may no longer be available. The Contracting Agency upon request from the Contractor, may grant an extension to the above deadline. The Contractor shall also attach a copy of any pre-authorization to the appropriate invoice prior to submission to the Purchasing Agency in order to process.
- 11.14 **ADVERTISING:** In the event a contract is awarded for services resulting from this proposal, no indication of such sales or services to the Commonwealth of Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services will be used in product literature or advertising. The Contractor shall not state in any of its advertising or product literature that the Commonwealth of Virginia or any agency or institution of the Commonwealth has purchased or uses its products or services.

ATTACHMENT A
RFP #720C-03248-02M

Facility	Address	Phone & Fax	
Catawba Hospital	P.O. Box 200 5525 Catawba Hospital Dr Catawba, Virginia 24070-2006	Phone: fax:	(540) 375-4200 (540) 375-4394
Central State Hospital	P.O. Box 4030 Petersburg, Virginia 23803-0030	Phone: fax:	(804) 524-7000 (804) 524-4571
Commonwealth Center for Children & Adolescents	P.O. Box 4000 1355 Richmond Road Staunton, Virginia 24402-2309	Phone: fax:	(540) 332-2100 (540) 332-2201
Eastern State Hospital	Box 8791 Williamsburg, Virginia 23187-8791	Phone: fax:	(757) 253-5161 (757) 253-5065
Hiram W. Davis Medical Center	P.O. Box 4030 Petersburg, Virginia 23803-0030	Phone: fax:	(804) 524-7000 (804) 524-7148
Northern Virginia Mental Health Institute	3302 Gallows Road Falls Church, Virginia 22042-3398	Phone: fax:	(703) 207-7100 (703) 207-7160
Northern Virginia Training Center	9901 Braddock Road Fairfax, Virginia 22032-1940	Phone: fax:	(703) 323-4003 (703) 323-4252
Piedmont Geriatric Hospital	5001 E. Patrick Henry Highway Burkeville, Virginia 23922-0427	Phone: fax:	(804) 767-4401 (804) 767-4500
Southeastern Virginia Training Center	2100 Steppingstone Square Chesapeake, Virginia 23320-2591	Phone: fax:	(759) 424-8240 (759) 424-8348
Southern Virginia Mental Health Institute	382 Taylor Drive Danville, Virginia 24541-4023	Phone: fax:	(804) 799-6220 (804) 773-4274
Southside Virginia Training Center	P.O. Box 4030 Petersburg, Virginia 23803-0030	Phone: fax:	(804) 524-7000 (804) 524-7228
Southwestern Virginia Mental Health Institute	340 Bagley Circle Marion, Virginia 24354	Phone: fax:	(276) 783-1200 (276) 783-9712
Southwestern Virginia Training Center	160 Training Center Road Hillsville, Virginia 24343-8408	Phone: fax:	(276) 728-3121 (276) 728-3127
Western State Hospital	P.O. Box 2500 Staunton, Virginia 24402-9124 1301 Richmond Avenue Staunton, Virginia 24401	Phone: fax:	(540) 332-8000 (504) 332-8144

ATTACHMENT B
RFP #720C-03248-02M

March 27, 2002

CSB ADDRESS LIST

ALEXANDRIA CSB			
<u>Planning District 8</u> Service Region II	Executive Director Address Phone Number FAX Number TDD Number e-mail address Chairman Address Phone Number	William L. Claiborn, Ph.D. 720 North Saint Asaph St., 4th Fl. Alexandria, VA 22314-1941 (703) 838-4455 (703) 838-5070 (703) 838-5054 william.claiborn@ci.alexandria.va.us Mr. Phillip Bradbury 720 North Saint Asaph St., 4th Fl. Alexandria, VA 22314-1941 (703) 838-4455	Serving: City of Alexandria
ALLEGHANY HIGHLANDS COMMUNITY SERVICES			
<u>Planning District 5</u> Service Region III	Executive Director Address Phone Number FAX Number TDD Number e-mail address Chairman Address Phone Number	Mr. Joseph C. Sargeant 601 Main Street Clifton Forge, VA 24422 (540) 863-1609 (540) 863-1612 (540) 962-3939 jcsahcsb@cfw.com Mrs. Charlotte Williamson 2101 Dressler Drive Covington, VA 24426 (540) 962-4520	Serving: County of Alleghany and Cities of Clifton Forge and Covington
ARLINGTON CSB			
<u>Planning District 8</u> Service Region II	Executive Director Address Phone Number FAX Number TDD Number e-mail address Chairman Address Phone Number	Mr. John C. Russotto 1725 North George Mason Drive Arlington, VA 22205 (703) 228-5001 (703) 228-5234 (703) 228-5269 jrusso@co.arlington.va.us Ms. Judy Connally 1725 North George Mason Drive Arlington, VA 22205 (703) 228-5001	Serving: County of Arlington
BLUE RIDGE BEHAVIORAL HEALTHCARE			

<u>Planning District 5</u> Service Region III	Executive Director Address Phone Number FAX Number TDD Number e-mail address Chairman Address Phone Number	Mr. S. James Sikkema 301 Elm Avenue, SW Roanoke, VA 24016-4001 (540) 345-9841 (540) 345-6891 (540) 345-0690 jsikkema@brbh.org Mr. William L. Lee 301 Elm Avenue, SW Roanoke, VA 24016-4001 (540) 345-9841	Serving: Counties of Botetourt, Craig and Roanoke and Cities of Roanoke and Salem
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CENTRAL VIRGINIA COMMUNITY SERVICES

<u>Planning District 11</u> Service Region III	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Augustine J. Fagan 2241 Langhorne Road Lynchburg, VA 24501 (434) 847-8050 (434) 847-6099 (434) 847-8062 gusfagan@aol.com	Serving: Counties of Amherst, Appomattox, Bedford, and Campbell and Cities of Bedford and Lynchburg
	Chairman Address Phone Number	Mrs. Ida Powell 3809 Manton Lane Lynchburg, VA 24503 (434) 384-1092	

CHESAPEAKE CSB

<u>Planning District 20</u> Service Region V	Executive Director Address <i>Street Address</i> Phone Number FAX Number TDD Number e-mail address	Ms. Candace B. Waller P.O. Box 1647 Chesapeake, VA 23327 1417 N Battlefield Blvd., Suite 350 Chesapeake, VA 23320 (757) 547-9334 (757) 547-3595 (757) 547-0534 cwaller.csb09@dmhmrsas.state.va.us	Serving: City of Chesapeake
	Chairman Address Phone Number	Mr. Richard Losea P.O. Box 1647 Chesapeake, VA 23327 (757) 547-9334	

CHESTERFIELD CSB

<u>Planning District 15</u> Service Region IV	Executive Director Address <i>Street Address</i> Phone Number FAX Number TDD Number e-mail address	Mr. George E. Braunstein P.O. Box 92 Chesterfield, VA 23832-0092 6801 Lucy Corr Court Chesterfield, VA 23832-0092 (804) 768-7220 (804) 768-9205 (804) 768-7200 braunsteing@co.chesterfield.va.us	Serving: County of Chesterfield
	Chairman Address Phone Number	Mr. Thomas Deadmore P.O. Box 92 Chesterfield, VA 23832-0092 (804) 768-7220	

COLONIAL SERVICES

<u>Planning District 20</u> Service Region V	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Harris W. Daniel 1657 Merrimac Trail Williamsburg, VA 23185 (757) 220-3200 (757) 229-7173 (AD/MR/SA) (757) 253-4379 (MR & Workshop) (757) 872-6650 hdaniel@colonialcsb.org	Serving: Counties of James City and York and Cities of Poquoson and Williamsburg
	Chairman Address Phone Number	Mr. David Allaman 1657 Merrimac Trail Williamsburg, VA 23185 (757) 220-3200	

CROSSROADS SERVICES BOARD

<u>Planning District 14</u> Service Region IV	Executive Director Address <i>Street Address</i> Phone Number FAX Number TDD Number e-mail address	Mr. F. Will Rogers P.O. Drawer 248 Farmville, VA 23901-0248 216 Bush River Drive Farmville, VA 23901-0248 (434) 392-7049 (434) 392-4013 (800) 828-1120 xrdsb@aol.com	Serving: Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway and Prince Edward
	Chairman Address Phone Number	Mr. L. Tom Murray, Jr. P.O. Drawer 248 Farmville, VA 23901-0248 (434) 392-7049	

CUMBERLAND MOUNTAIN COMMUNITY SERVICES

<u>Planning District 2</u> Service Region III	Executive Director Address <i>Street Address</i> Phone Number FAX Number TDD Number e-mail address	Mr. Ronald A. Allison P.O. Box 810 Cedar Bluff, VA 24609-0810 Route 19 Near SVCC Cedar Bluff, VA 24609-0810 (276) 964-6702 or 964-6703 (276) 964-5669 (276) 964-7013 rallison@cmcsb.com	Serving: Counties of Buchanan, Russell and Tazewell
	Chairman Address Phone Number	Mrs. Frannie B. Minton P.O. Box 810 Cedar Bluff, VA 24609-0810 (276) 964-6702	

DANVILLE-PITTSYLVANIA COMMUNITY SERVICES

<u>Planning District 12</u> Service Region III	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Lenard D. Lackey, Jr. 245 Hairston Street Danville, VA 24540 (434) 799-0456 (434) 799-4261 (434) 799-0198 dpcs@gamewood.net	Serving: County of Pittsylvania and City of Danville
	Chairman Address Phone Number	Mr. Donald C. Wood 245 Hairston Street Danville, VA 24540 (434) 799-0456	

DICKENSON COUNTY COMMUNITY SERVICES

<u>Planning District 2</u> Service Region III	Executive Director Address <i>Street Address</i> Phone Number FAX Number TDD Number e-mail address	Mr. Joseph R. Fuller, Jr. P.O. Box 309 Clintwood, VA 24228 Happy Valley Drive Clintwood, VA 24228	Serving: County of Dickenson
	Chairman Address Phone Number	Mr. Roger Rose P.O. Box 309 Clintwood, VA 24228 (540) 926-1682	

DISTRICT 19 CSB

<u>Planning District 19</u> Service Region IV	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Joseph E. Hubbard 20 West Bank Street, Suite 2 Petersburg, VA 23803 (804) 862-8054 (804) 862-8064 (804) 862-8063 jhubbard@d19csb.com	Serving: Counties of Dinwiddie, Greensville, Prince George, Surry and Sussex and Cities of Colonial Heights, Emporia, Hopewell and Petersburg
	Chairman Address Phone Number	Donald R. Hunter P.O. Box 366 Prince George, VA 23875 (804) 733-2690	

EASTERN SHORE COMMUNITY SERVICES

<u>Planning District 21</u> Service Region V	Executive Director Address	Mr. James A. Cannon, III P.O. Box 453 Nassawadox, VA 23413	Serving: Counties of Accomack and Northampton
	<i>Street Address</i>	ESCSB Administration Colonial Square, Suite 7B 36306 Lankford Highway Belle Haven, VA 23306	
	Phone Number FAX Number TDD Number	(757) 442-3636 (757) 442-2319 (757) 442-2880 (share with Dept. of Rehabilitation Services)	
	e-mail address	escsb@hotmail.com	
	Chairman Address	Mr. J. T. Holland P.O. Box 15 Nassawadox, VA 23413	
	Phone Number	(757) 442-6100	

FAIRFAX-FALLS CHURCH CSB

<u>Planning District 8</u> Service Region II	Executive Director Address	Mr. James A. Thur 12011 Government Center Parkway, Suite 836 Fairfax, VA 22035-1105	Serving: County of Fairfax and Cities of Fairfax and Falls Church
	Phone Number FAX Number TDD Number e-mail address	(703) 324-7000 (703) 803-9687 (703) 802-3015 jthur2@co.fairfax.va.us	
	Chairman Address	Mrs. Jessica Burmester 12011 Government Center Parkway, Suite 836 Fairfax, VA 22035-1105	
	Phone Number	(703) 324-7000	

GOOCHLAND-POWHATAN COMMUNITY SERVICES

<u>Planning District 15</u> Service Region IV	Executive Director Address	Mr. J. Thomas Treece P.O. Box 189 Goochland, VA 23063	Serving: Counties of Goochland and Powhatan
	<i>Street Address</i>	3058 River Road, West Goochland, VA 23063	
	Phone Number FAX Number TDD Number	(804) 556-5400 (804) 556-5403 (804) 556-5428 (Goochland) (804) 598-7197 (Powhatan)	
	e-mail address	jtreece@co.goochland.va.us	
	Chairman Address	Ms. Connie Moslow P.O. Box 189 Goochland, VA 23063	
	Phone Number	(804) 556-5400	

HAMPTON-NEWPORT NEWS CSB

<u>Planning District 20</u> Service Region V	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Howard M. Cullum 2501 Washington Avenue Newport News, VA 23607 (757) 245-0217 (757) 245-0218 (AD) (757) 245-4812 hcullum@hnncsb.org	Serving: Cities of Hampton and Newport News
	Chairman Address Phone Number	Mrs. Johnnie B. Bunch 2501 Washington Avenue Newport News, VA 23607 (757) 245-0217	

HANOVER COUNTY CSB

<u>Planning District 15</u> Service Region IV	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Raymond R. Ratke 12300 Washington Highway Ashland, VA 23005-7646 (804) 752-4275 (804) 752-4252 (804) 752-4184 rrratke@co.hanover.va.us	Serving: County of Hanover
	Chairman Address Phone Number	Mrs. Anne D. Munden 12300 Washington Highway Ashland, VA 23005-7646 (804) 752-4275	

HARRISONBURG-ROCKINGHAM CSB

<u>Planning District 6</u> Service Region I	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Ms. Charlotte V. McNulty 1241 North Main Street Harrisonburg, VA 22802 (540) 434-1941 (540) 434-1791 (540) 434-1941 cmcnul@hrcsb.org	Serving: County of Rockingham and City of Harrisonburg
	Chairman Address Phone Number	Dr. Richard Travis 1241 North Main Street Harrisonburg, VA 22802 (540) 434-1941	

HENRICO AREA MH&R SERVICES

<u>Planning District 15</u> Service Region IV	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. James W. Stewart, III 10299 Woodman Road Glen Allen, VA 23060-2798 (804) 261-8500 or 261-8585 (804) 261-8580 (804) 261-8484 ste02@co.henrico.va.us	Serving: Counties of Charles City, Henrico and New Kent
	Chairman Address Phone Number	Mr. George H. Hettrick 10299 Woodman Road Glen Allen, VA 23060-2798 (804) 261-8500	

HIGHLANDS COMMUNITY SERVICES

<u>Planning District 3</u> Service Region III	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Hunter P. Widener Executive Plaza, 4th Floor 510 Cumberland Street Bristol, VA 24201 (276) 669-3179 (276) 669-9093 (276) 669-9504 hcs@preferred.com	Serving: County of Washington and City of Bristol, VA
	Chairman Address Phone Number	Mr. Archie H. Hubbard, III P.O. Box 16296 Bristol, VA 24209 (276) 669-3179	

LOUDOUN COUNTY CSB

<u>Planning District 8</u> Service Region II	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Robert E. Lassiter 906 Trail View Boulevard, SE, Suite C Leesburg, VA 20175 (703) 777-0378 (703) 771-5401 (703) 771-0451 rlassite@loudoun.gov	Serving: County of Loudoun
	Chairman Address Phone Number	Mrs. Linda Z. Bailey 906 Trail View Boulevard, SE, Suite C Leesburg, VA 20175 (703) 777-0378	

MIDDLE PENINSULA-NORTHERN NECK CSB

<u>Planning Districts 17 & 18</u> Service Region V	Executive Director Address <i>Street Address</i> Phone Number FAX Number TDD Number e-mail address	Mr. Frank L. Tetrick, III P.O. Box 40 Saluda, VA 23149 Business Route 17 Saluda, VA 23149 (804) 758-5314 (804) 758-3418 ftetrick@mpnn.state.va.us	Serving: Counties of Essex, Gloucester, King & Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland
	Chairman Address Phone	Mrs. Alice Stevens P.O. Box 40 Saluda, VA 23149 (804) 758-5314	

MOUNT ROGERS COMMUNITY MH&MR SERVICES BOARD

<u>Planning District 3</u> Service Region III	Executive Director Address Phone Number FAX Number TDD Number e-mail address Chairman Address Phone Number	Mr. E. W. Cline, Jr. 770 West Ridge Road Wytheville, VA 24382 (276) 223-3200 (276) 223-3250 (276) 223-1721 mrcsb@mrcsb.state.va.us Dr. Joseph Shumate 770 West Ridge Road Wytheville, VA 24382 (276) 223-3200	Serving: Counties of Bland, Carroll, Grayson, Smyth and Wythe and City of Galax
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NEW RIVER VALLEY COMMUNITY SERVICES			
<u>Planning District 4</u> Service Region III	Executive Director	Mr. H. Lynn Chenault	Serving: Counties of Floyd, Giles, Montgomery and Pulaski and City of Radford
	Address	700 University City Boulevard Blacksburg, VA 24060	
	Phone Number	(540) 961-8300	
	FAX Number	(540) 961-8465	
	TDD Number	(540) 961-8400 or 1-888-717-3333 (Montgomery Ctr.) or (540) 994-5023 (Pulaski Ctr.)	
	e-mail address	Lchenault@nrvcvcs.state.va.us	
	Chairman	Mr. Harold B. Chrisley	
	Address	700 University City Boulevard Blacksburg, VA 24060	
	Phone Number	(540) 961-8300	
NORFOLK CSB			
<u>Planning District 20</u> Service Region V	Executive Director	George W. Pratt, Ed.D.	Serving: City of Norfolk
	Address	248 West Bute Street Norfolk, VA 23510-1404	
	Phone Number	(757) 441-5300	
	FAX Number	(757) 441-1153	
	TDD Number	(757) 441-1701	
	e-mail address	gpratt@city.norfolk.va.us	
	Chairman	Mr. Carl W. Clark, Jr.	
	Address	248 West Bute Street Norfolk, VA 23510-1404	
	Phone Number	(757) 441-5300	
NORTHWESTERN COMMUNITY SERVICES			
<u>Planning District 7</u> Service Region I	Executive Director	Mr. Millard F. Hall, Jr. (Buddy)	Serving: Counties of Clarke, Frederick, Page, Shenandoah and Warren and City of Winchester
	Address	209 W. Criser Road, Suite 300 Front Royal, VA 22630	
	Phone Number	(540) 636-4250	
	FAX Number	(540) 636-7171	
	TDD Number	(540) 828-1120	
	e-mail address	bhall@networkfocus.com	
	Chairman	Dr. Donald H. McNeill, Jr.	
	Address	209 W. Criser Road, Suite 300 Front Royal, VA 22630	
	Phone Number	(540) 636-4250	
PIEDMONT COMMUNITY SERVICES			
<u>Planning District 12</u> Service Region III	Executive Director	Mr. James M. Tobin	Serving: Counties of Franklin, Henry and Patrick and City of Martinsville
	Address	24 Clay Street Martinsville, VA 24112-3715	
	Phone Number	(276) 632-7128	
	FAX Number	(276) 638-5450	
	TDD Number	(276) 632-4669	
	e-mail address	jtobin@pedmontcsb.org	
	Chairman	Mrs. Kay Smith	
	Address	24 Clay Street Martinsville, VA 24112-3715	
	Phone Number	(276) 632-7128	

PLANNING DISTRICT 1 CSB

<u>Planning District 1</u> Service Region III	Executive Director Address <i>Street Address</i> Phone Number FAX Number TDD Number e-mail address	Mr. Sam Dillon P.O. Box 537 Big Stone Gap, VA 24219 Cloverleaf Square, Bldg. A, Suite 3 Big Stone Gap, VA 24219 (276) 523-2562 (276) 523-6133 (276) 523-2562 pd1csb@mounet.com	Serving: Counties of Lee, Scott and Wise and City of Norton
	Chairman Address Phone Number	Mr. James Craft P.O. Box 537 Big Stone Gap, VA 24219 (276) 523-2562	

PORTSMOUTH DEPARTMENT OF BEHAVIORAL HEALTHCARE SERVICES

<u>Planning District 20</u> Service Region V	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Ms. Patricia A. Edge 500 Crawford Street, Suite 400 Portsmouth, VA 23704-3844 (757) 393-8618 ext. 303 (757) 393-5226 edgepat@ci.portsmouth.va.us	Serving: City of Portsmouth
	Chairman Address Phone	Margaret Buxton, Ed.D. 500 Crawford Street, Suite 400 Portsmouth, VA 23704-3844 (757) 393-8618	

PRINCE WILLIAM COUNTY CSB

<u>Planning District 8</u> Service Region II	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Thomas Geib 8033 Ashton Avenue, Suite 107 Manassas, VA 20109-2892 (703) 792-7800 or 792-7702 (703) 792-7704 tgeib@pwcgov.org	Serving: County of Prince William and Cities of Manassas and Manassas Park
	Chairman Address Phone Number	Ms. Veronica T. Fruehauf 8033 Ashton Avenue Manassas, VA 20109-2892 (703) 792-7800	

RAPPAHANNOCK AREA CSB

<u>Planning District 16</u> Service Region I	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Ronald W. Branscome 600 Jackson Street Fredericksburg, VA 22401 (540) 373-3223 (main line) (540) 371-3753 (540) 373-3223 rbranscome@racsb.state.va.us	Serving: Counties of Caroline, King George, Spotsylvania and Stafford and City of Fredericksburg
	Chairman Address Phone Number	Mr. Charles Cooper 600 Jackson Street Fredericksburg, VA 22401 (540) 373-3223	

RAPPAHANNOCK-RAPIDAN CSB			
<u>Planning District 9</u> Service Region I	Executive Director Address	Mr. Brian D. Duncan P.O. Box 1568 Culpeper, VA 22701	Serving: Counties of Culpeper, Fauquier, Madison, Orange and Rappahannock
	<i>Street Address</i>	15361 Bradford Road Culpeper, VA 22701	
	Phone Number FAX Number TDD Number e-mail address	(540) 825-3100 (540) 825-6245 (540) 825-7391 rrcsb@rrcsb.org	
	Chairman Address	Mr. Robert Douthit P.O. Box 1568 Culpeper, VA 22701	
	Phone Number	(540) 825-3100	
REGION TEN CSB			
<u>Planning District 10</u> Service Region I	Executive Director Address	Mr. James R. Peterson 800 Preston Avenue Charlottesville, VA 22903-4420	Serving: Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson and City of Charlottesville
	Phone Number FAX Number TDD Number e-mail address	(434) 972-1800; 972-1810 (voice) (434) 970-2198 (434) 972-1715 jimp@regionten.org	
	Chairman Address	Dr. Peter L. Sheras 800 Preston Avenue Charlottesville, VA 22903-4420	
	Phone Number	(434) 972-1800	
RICHMOND BEHAVIORAL HEALTH AUTHORITY			
<u>Planning District 15</u> Service Region IV	Executive Director Address	Steven J. Ashby, Ph.D. 107 South 5th Street Richmond, VA 23219-3825	Serving: City of Richmond
	Phone Number FAX Number TDD Number e-mail address	(804) 819-4000 (804) 819-4081 (804) 643-5502 ashbys@rbha.org	
	Chairman Address	Mr. Samuel F. Lillard 4500 Whitehall Road Richmond, VA 23235	
	Phone Number	(804) 320-5072	
ROCKBRIDGE AREA CSB			
<u>Planning District 6</u> Service Region I	Executive Director Address	L. Michael Gilmore, Ph.D. 410 Mason Drive Lexington, VA 24450	Serving: Counties of Bath and Rockbridge and Cities of Buena Vista and Lexington
	Phone Number FAX Number TDD Number e-mail address	(540) 464-8560 (540) 464-4051 (ADMIN) (540) 463-3141 racsblmg@intelos.net	
	Chairman Address	Mr. J. Todd Jones P.O. Box 348 Buena Vista, VA 24416	
	Phone Number	(540) 261-3055	

SOUTHSIDE CSB

<u>Planning District 13</u> Service Region IV	Executive Director Address Phone Number FAX Number TDD Number e-mail address <i>Street Address</i>	Jules J. Modlinski, Ph.D. P.O. Box 488 South Boston, VA 24592 (434) 572-6916 (434) 572-4881 (434) 572-2103 jmodlinski@sscsb.org 424 Hamilton Boulevard South Boston, VA 24592	Serving: Counties of Brunswick, Halifax and Mecklenburg
	Chairman Address Phone Number	Ms. Frances Clark P.O. Box 488 South Boston, VA 24592 (434) 572-6916	

VALLEY CSB

<u>Planning District 6</u> Service Region I	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. William J. Thomas 110 West Johnson Street Staunton, VA 24401 (540) 887-3200 (540) 887-3245 (540) 887-3246 mis3@cfw.com	Serving: Counties of Augusta and Highland and Cities of Staunton and Waynesboro
	Chairman Address Phone Number	Ms. Martha Sheridan 110 West Johnson Street Staunton, VA 24401 (540) 887-3200	

VIRGINIA BEACH CSB

<u>Planning District 20</u> Service Region V	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Terry S. Jenkins, Ph.D. Pembroke Six, Suite 208 Virginia Beach, VA 23462-2891 (757) 437-5760 (757) 490-5736 (757) 437-6157 tjenkins@vbgov.com	Serving: City of Virginia Beach
	Chairman Address Phone Number	Dr. J. Henry McCoy, Jr. Pembroke Six, Suite 208 Virginia Beach, VA 23462-2891 (757) 437-5760	

WESTERN TIDEWATER CSB

<u>Planning District 20</u> Service Region V	Executive Director Address Phone Number FAX Number TDD Number e-mail address	Mr. Demetrios N. Peratsakis 100 Western Avenue Suffolk, VA 23434 (757) 925-2457 or 925-2406 (757) 925-1537 (AD) (757) 925-2404 (Finance) dperatsakis@wtcsb.org	Serving: Counties of Isle of Wight and Southampton and Cities of Franklin and Suffolk
	Chairman Address Phone Number	Mrs. Denise N. Tynes Post Office Box 735 Smithfield, VA 23430 (757) 925-2402	

ATTACHMENT C
RFP #720C-03248-02M

Continuity of Care Procedures¹

Overarching Responsibility: Section 37.1-197.1 of the *Code of Virginia* states that community services boards (CSBs) are the single point of entry for publicly funded mental health, mental retardation, and substance abuse services. Related to this principle, it is the responsibility of CSBs to assure their consumers receive:

- preadmission screening that confirms the appropriateness of admission to a state facility (psychiatric hospital or institute, mental retardation training center), and
- predischarge planning services, beginning at the time of admission to the state facility, that enable timely discharge from the facility and appropriate post-discharge community-based services.

Throughout this document, the term community services boards (CSBs) is used to refer to operating CSBs, administrative policy CSBs, local government departments with policy-advisory CSBs, and behavioral health authorities.

Assessments Required Prior to Admission to a State Mental Health Facility

1. A substance abuse screening, including completion of:
 - *a. a comprehensive drug screen including blood alcohol concentration (BAC), with the consumer's consent, and
 - b. the Substance Abuse Subtle Screening Inventory (SASSI) or Simple Screening Instrument (SSI) for adults or the adolescent version of SASSI for adolescents age 12 and older. The SASSI will not be required for youth younger than age 12.
- *2. To the extent practicable, a medical assessment performed by an available medical professional (i.e., M.D. or nurse practitioner) at, for example, the CSB or an emergency room. Elements of a medical assessment include a physical examination and a medical screening of:
 - a. known medical diseases or other disabilities,
 - b. previous psychiatric and medical hospitalizations,
 - c. medications,
 - d. current use of alcohol and illicit drugs using blood alcohol concentrations and the results of the comprehensive drug screen, and
 - e. physical symptoms that may suggest a medical problem.
3. An assessment of the individual's mental status, including the presence of a mental illness and a differential diagnosis of mental retardation, that includes:
 - a. a completed DMHMRSAS MH Preadmission Screening form, forwarded to the receiving state hospital or institute before the individual's arrival;

¹ Excerpts from SFY 2002 Community Services Performance Contract

- b. a face-to-face interview, including arrangements for translation/interpreter services for individuals;
- *c. clinical assessment information, as available, including documentation of:
 - a mental status examination,
 - current psychotropic and other medications, including dosing requirements,
 - medical and psychiatric history,
 - substance use or abuse,
 - information and recommendations of other current service providers (e.g., treating physicians) and appropriate significant persons (e.g., spouse, parents), and
 - ability to care for self;
- *d. risk assessment, including:
 - evaluation of dangerousness to self or others and
 - initiation of duty to take precautions to protect third parties in accordance with §54.1-2400.1 of the *Code of Virginia*, as appropriate;
- *e. a medical screening (see medical assessment section);
- *f. an assessment of capacity to consent to treatment, including an evaluation of such processes as the ability to:
 - maintain and communicate choice,
 - understand relevant information, and
 - understand the situation and its consequences; and
- g. an assessment of alternatives to admission and determination that state facility placement is the least restrictive intervention, with appropriate documentation.

ATTACHMENT D
RFP #720C-03248-02M

INTRODUCTION

Purpose of the *Continuity of Care Procedures*¹

Consistent with the State Mental Health, Mental Retardation and Substance Abuse Services Board Policy on Client Management, the *Procedures for Continuity of Care* outline the basic operational roles, responsibilities, and expectations of community services boards (CSBs) and state psychiatric facilities in managing the care of individuals they serve. These procedures reflect important goals of our system of care: meeting the needs of individuals and families; establishing and supporting effective collaboration between community services boards and state facilities; involving individuals and families in treatment planning and service delivery; and working assertively with courts, sheriffs, and other agencies on behalf of individuals who need services. These procedures focus on a discrete subset of interactions between community-based service providers and state psychiatric facilities which share responsibilities for activities related to the pre-admission, hospital liaison, and discharge and follow-up processes.

These procedures conform to the Code of Virginia and, to the extent possible, are consistent with standards contained in the Department's Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards, Commission on Accreditation of Rehabilitation Facilities (CARF) standards, and Healthcare Finance Administration (HCFA) standards. The procedures are predicated upon and guided by the Department's mission, values, and principles of service development and delivery as described in Virginia's Mental Health Plan. These values and principles are listed in Appendix G of this document.

Lastly, it is recognized that managed care and other influences have caused and will continue to cause substantial changes in Virginia's mental health, mental retardation and substance abuse services system. The *Procedures for Continuity of Care* are offered to update the framework initially articulated in the 1988 Client Service Management Guidelines which offered a structure for the working relationship between community services boards and state psychiatric facilities relative to the management of client care. This document offers a revised framework reflecting concepts related to quality, continuity of care, and accountability, as well as Departmental policy and recent statutory changes. The *Procedures for Continuity of Care* will be re-evaluated in light of system change as it occurs.

Replacement of the Client Service Management Guidelines

These procedures replace the Client Services Management Guidelines, which have been in effect since July 1, 1988. CSBs and state psychiatric facilities should jointly develop mechanisms to operationalize the new *Procedures for Continuity of Care*.

Organization of the Continuity of Care Procedures

This document contains three types of information:

- ✓ Procedures that are related to hospital admissions, treatment planning, and discharge planning;
- ✓ Practitioner Guidance statements, which are contained in the procedures, that describe good practices in carrying out the procedures and recommend resource and reference materials;
- ✓ Appendix documents and Virginia Code Sections referenced in the text.

1. EMERGENCY AND CRISIS RESPONSE SERVICES

Introduction

¹ Procedures for Continuity of Care between Community Services Boards and State Psychiatric Facilities, Virginia DMHMRSAS, February 3, 1997

Emergency and crisis response services are essential components of a community support system for adults with mental illness, mental retardation, or substance abuse and for children with serious emotional disturbance, mental retardation, or substance abuse. These services are short-term interventions aimed at resolving crises and supporting individuals in the least restrictive and most normalizing ways. These services must be in place in order to effectively manage the use of limited and costly inpatient hospital services.

Procedures

- 1.1 All community services boards shall provide emergency and crisis response services that are available 24 hours per day, seven days per week.
- 1.2 Emergency and crisis response services shall include, at a minimum: telephone interventions; face-to-face assessments and evaluations (including pre-admission screening); psychiatric consultation and other clinical consultation about medical conditions, substance abuse and special populations which include children, adolescents, older adults, people with mental retardation, and individuals involved in the forensic system.
- 1.3 When face-to-face crisis interventions are deemed appropriate, community services boards shall make every effort to insure such interventions are available and accessible throughout their respective catchment areas within one hour of initial contact for urban community services boards and within two hours of initial contact for rural community services boards.

Practitioner Guidance: *It is recognized that there will be circumstances in which the above-noted response intervals will be increased due to factors involving distance and travel time, staffing levels, clinical acuity, and the amount of clinical activity in progress. These time frames are intended to serve as targets; failure to meet these targets should be the exception.*

- 1.4 Crisis response services shall be available to any individual who is physically present within the community services board's catchment area regardless of where the individual legally resides.
- 1.5 When emergency and crisis response services are provided in collaboration with other agencies or organizations or through other arrangements with outside providers, these arrangements shall be described in formal written agreements, that is a contract, a letter of agreement, or joint procedures. When such other arrangements are adopted, the community services board shall retain responsibility for monitoring and ensuring the providers' compliance with these procedures and all other Departmental policies and procedures relevant to facility admissions.
- 1.6 Emergency and crisis response services shall be provided by clinicians who have the knowledge, skills, abilities, and experience that qualify them to provide these services. This shall include knowledge of and experience with emergency access to community and hospital services and resources; mental status examinations and pre-admission screening of adults, minors, and individuals with other special needs and conditions (see 1.2, above); clinical approaches and treatment methods; and relevant statutes and procedures.

Practitioner Guidance: *Community services boards should develop printed lists of emergency services and other programs, resources, and supports for individuals who could benefit from these services. Examples include mobile outreach services, warmlines, consumer drop-in centers, public and private human services agencies, and support groups. These lists should be given to emergency services clinicians for their use and for distribution to others.*

- 1.7 Prior to the disposition of an emergency situation, emergency and crisis response clinicians shall attempt to identify and contact any other current service providers and appropriate significant persons (such as a guardian or a minor's parent) to obtain additional information and their recommendations for intervention.
- 1.8 When the individual in need of crisis services has a dual diagnosis of mental retardation and mental illness, community services board mental retardation and mental health staff shall follow the procedures delineated in the appropriate Regional Crisis Stabilization Protocol. (See Appendix K).

- 1.9 In order to respond most effectively to crises, emergency and crisis response clinicians shall have timely access to relevant clinical, treatment, and demographic information about the individual maintained by the community services board.
- 1.10 The emergency response clinician shall not refer an individual who has received face-to-face emergency services to a state psychiatric facility without direct communication with a representative of the receiving facility. No individual shall be transported to a facility prior to confirmation and acceptance of the referral by the receiving facility. Such referrals shall include provisions for the individual's transportation.
- 1.11 If the individual receiving face-to-face emergency services is a consumer of a different community services board, or is a resident of a different CSB catchment area, then, whenever feasible and appropriate, clinicians from both CSBs shall discuss and concur with the proposed emergency intervention and agree upon responsibility for any follow-up of the individual.

Practitioner Guidance: A community services board may release and exchange any such information that is needed to formulate and effect emergency treatment when the individual who is the subject of face-to-face emergency services or his parent, guardian, or committee refuses to authorize the release of information that may be necessary to formulate and implement a proposed emergency intervention. It is the intent of this procedure that any information exchanged about an individual be used only to facilitate a coordinated and well-formulated emergency response and intervention and that such information shall be protected from disclosure for any other purpose to any other person or organization.

2. PREADMISSION SCREENING AND ADMISSION TO INPATIENT PSYCHIATRIC HOSPITALS

Introduction

Preadmission screening ensures the ability of the community services boards to manage and coordinate admissions to:

- ⇒ State psychiatric facilities;
- ⇒ Private psychiatric hospitals under contract with the Department;
- ⇒ Private psychiatric hospitals utilized by community services boards; and
- ⇒ Private psychiatric hospitals for Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Medicaid recipients under age 21.

Preadmission screening by community services boards also assures that limited hospital resources are used appropriately and begins the process of community services board involvement in hospital treatment for the individual. The preadmission screening process serves to verify an individual's need for inpatient psychiatric hospital services and to divert individuals, for whom less restrictive alternatives are appropriate, from admission to an inpatient facility. Preadmission screening provides a uniform method of entry into all state psychiatric facilities and it is required by the Code of Virginia (§ 37.1-65, 37.1-67.3, 37.1-197.1).

Procedures

- 2.1 All individuals being considered for voluntary admission to state psychiatric hospitals and contracted private hospitals shall be prescreened by community services boards prior to admission. All individuals who are admitted to any public or private hospital on an involuntary basis must also be prescreened. The prescreening shall be a face-to-face evaluation that is conducted by the community services board serving the catchment area in which the individual is physically located. The prescreening can take place at the community services board or any other agreed upon and appropriate location.

Practitioner Guidance: CSB preadmission screening for inpatient psychiatric services under EPSDT is required for Medicaid recipients under age 21. Both state facility and private psychiatric hospital EPSDT admissions must be prescreened by the CSB.

Practitioner Guidance: A prescreening evaluation can be initiated by an Emergency Custody

Order, a request for a Temporary Detention Order, a Petition for Involuntary Commitment, or by a request from a citizen, minor (older than 14 years), parent, police officer, or agency to evaluate an individual for psychiatric hospital admission.

Practitioner Guidance: Some forensic patients who are admitted to state psychiatric facilities pursuant to certain sections of the Virginia Code do not require preadmission screening by the community services board. Types of forensic legal status, corresponding code sections, and requirements for prescreening are reflected in the table entitled "Legal Status of Individuals Requiring Forensic Treatment." (See Appendix E).

Practitioner Guidance: Preadmission screening for persons who are mentally retarded and mentally ill should involve staff from both the mental retardation and the mental health programs of the community services board in accordance with the established Regional Crisis Stabilization Protocol.

Practitioner Guidance: The clinician should inform the individual and his or her family that there is a cost for the prescreening evaluation and that the community services board will work with the individual and his or her family to determine their financial obligation.

Practitioner Guidance: The clinician should inform the individual and his or her family that there is a cost for inpatient hospital treatment and that they will be billed by the hospital for inpatient treatment. The hospital will work with the individual and his or her family to determine their financial obligation as appropriate.

- 2.2 Transfers from private psychiatric hospitals to state psychiatric hospitals shall be made in accordance with Departmental Instruction 6. (See Appendix C).

Practitioner Guidance: In accordance with private hospital transfer procedures outlined in Departmental Instruction No. 6, a preadmission screening by the community services board may not be required before the actual transfer to a state psychiatric facility. When a preadmission screening has been conducted by the community services board before the admission to the private facility from which transfer to a state facility is sought, the community services board in consultation with staff of the receiving state hospital should determine whether a second prescreening evaluation is warranted and may dispense with this second evaluation if it is deemed unnecessary.

- 2.3 The community services board serving the catchment area in which the individual is physically located is responsible for performing the prescreening evaluation. When an individual is a resident of another community services board catchment area, the prescreening CSB may contact the 'home' or "Case Management CSB" to solicit consultation from that CSB and to confirm the "Case Management CSB" designation. The "Case Management CSB" is defined as the CSB that serves the area in which the individual being admitted resides. The "Case Management CSB" is responsible for case management, CSB liaison during hospitalization, and the implementation of the discharge plan. (See Appendix F).
- 2.4 Consultation from other community services board staff shall be available to emergency services and crisis response staff to assist them with the prescreening process and the determination of need for hospitalization. Consultation shall be available in the following specialty areas: forensics, child and family services, substance abuse, mental retardation, geriatric services, and general medical clearance.

Practitioner Guidance: The community services board should also make arrangements for translation services to be available for individuals who do not speak English or who are hearing impaired.

- 2.5 When the prescreening involves a minor under the age of 14, community services board staff shall contact the minor's parents or guardian to obtain parental consent for the prescreening and admission. A minor 14 years or older is deemed an adult for purposes of consent for voluntary treatment. The minor's parents or guardian can petition for involuntary admission over the minor's objection and minor may also be involuntarily committed over their parent's or guardian's objection.
- 2.6 When the clinician's evaluation indicates that inpatient psychiatric hospitalization is required, such information shall be recorded on the DMHMRSAS Preadmission Screening Form (DMH 224 rev. 4/94).

Practitioner Guidance: *Timely and complete clinical information conveyed during the admission process helps to assure a smooth transition and the delivery of prompt, effective inpatient care and treatment. Any standardized functional assessment instruments being used by CSBs for adults and minors should be completed in full with all relevant information provided to the facility.*

- 2.7 The clinician shall ensure that all available information that can assist the hospital in admitting and treating the person accompanies the individual to the hospital. At a minimum, this information must include a fully completed Preadmission Screening Form (DMH 224), all court orders (e.g., detention orders, commitment orders, etc.), and other documents related to the admission.

Practitioner Guidance: *It is always helpful to hospital staff to have as much relevant information about the individual as possible upon admission so that treatment and discharge planning can be initiated promptly. Additional helpful information includes other clinical information and school and court records.*

Practitioner Guidance: *For child and adolescent admissions, it is helpful to note on the prescreening form the name, address, and telephone number of the child's parents or guardian.*

Practitioner Guidance: *When a private provider is involved with the individual, the clinician should write the name, address, and telephone number of the provider on the prescreening form or in the evaluation forwarded to the hospital.*

Practitioner Guidance: *For individuals involved in the forensic system, §19.2-174.1 of the Code of Virginia may apply. (See Appendix E).*

Practitioner Guidance: *For individuals with mental retardation and mental illness, it is important that the names, addresses, and telephone numbers of key community services board mental retardation and mental health program staff be included on the prescreening form.*

- 2.8 All admissions shall be processed in accordance with the applicable statutory provisions.

Practitioner Guidance: *Several types of hospital admissions can occur based upon the severity of the individual's presenting problems, the type of admission requested, the person's capacity to give informed consent, the presence of criminal charges, and the age of the individual. The different types of hospital admissions and their requirements are found in the Code of Virginia. They include:*

- *Voluntary Admission of Adults, Age 18 and Older (§ 37.1-65);*
- *Voluntary Admission of a Minor, Age 0 through 17 (§ 16.1-338);*
- *Mental Examinations and Treatment of Minors (§ 16.1-275);*
- *Commitment of Mentally Ill or Mentally Retarded Children (§ 16.1-280);*
- *Voluntary Admission of an Objecting Minor Age 14 through 17 (§ 16.1-339);*
- *Involuntary Admission of an Adult (§ 37.1-67.3);*
- *Involuntary Admission of a Minor (§§ 16.1-341-345);*
- *Temporary Detention of an Adult or Minor (§ 37.1-67.1, § 16.1-340); and*
- *Forensic Admissions (§ 19.2-169.2, § 19.2-169.6, § 19.2-176, § 19.2-177.1, § 19.2-182.3, § 53.1-40.2, §§ 37.1-73 - 74, § 37.1-67.3 as identified in § 53.1-40.9).*

Practitioner Guidance: *The legal status of individuals who are referred for forensic services is varied. Types of forensic legal status and corresponding relevant code sections are reflected in the table entitled "Legal Status of Individuals Requiring Forensic Services." (See Appendix E).*

- 2.9 If the prescreening evaluation indicates that hospitalization is required, the clinician shall determine whether the individual is willing to be admitted voluntarily and whether the individual has the capacity to consent to voluntary hospitalization. If the individual is found to be incapable of consenting to voluntary admission, or is unwilling to be treated, and meets the Virginia criteria for involuntary admission or if the individual is fourteen years of age or older and refuses voluntary admission, then the individual may be hospitalized involuntarily, and this recommendation shall be recorded on the preadmission screening form.
- 2.10 When the prescreening evaluation indicates that the individual is in need of mental health care, but that hospitalization is not required, then the clinician shall begin emergency outpatient treatment or refer the individual for needed services from other community services board programs or other available providers.
- 2.11 The clinician shall notify the psychiatric facility where an individual will be admitted prior to the issuance of a Temporary Detention Order, an Involuntary Commitment Order or approval of a voluntary admission.

Practitioner Guidance: *Notification to the facility regarding a forthcoming admission is essential. When any state psychiatric hospital is at full occupancy, that facility will explore other arrangements with the community services board, such as a private hospital admission.*

Practitioner Guidance: *In accordance with §37.1-71 of the Code of Virginia, the judge will review transportation alternatives after commitment and may consult with treating staff and the community services board as to whether transportation alternatives may be utilized. Transportation alternatives, as specified in §37.1-72, may include placing the individual who has been certified for admission in the custody of a responsible person or persons, including a representative of the temporary detention facility in which the individual has been hospitalized.*

Practitioner Guidance: *The clinician should provide individual treatment recommendations and goals to be accomplished during the inpatient stay to the receiving hospital. This information will help the facility develop collaborative treatment planning that includes the individual, the CSB, and the hospital.*

Practitioner Guidance: *In accordance with the Attorney General Opinion relative to the transportation of persons under ECO's and TDO's, neither sheriffs' offices nor police departments have primary responsibility to transport persons subject to an emergency custody order or temporary detention order. Rather any law enforcement officer who is requested by the court to execute an ECO or TDO should do so without delay. A sheriff's office or a police department may not limit its execution of these orders to certain times of day. The Code of Virginia also provides that, should a sheriff be ordered to provide transportation of a person who has been committed to a hospital, transportation must commence within six hours of notification to the sheriff of the certification for admission. (See Appendix L).*

- 2.12 During the preadmission screening process, hospital personnel shall inquire about, and CSB staff are expected to provide, medical information when an individual is being considered for admission. The state psychiatric facility Medical Director or physician designee shall review with CSB prescreening staff the medical/surgical status of any individual being considered for admission when there is evidence of a medical problem. (See Appendix J).
- 2.13 The clinician shall attempt to contact the parents, family, or guardian of the individual who is being hospitalized and who has given consent for such contact to let them know how to participate in the individual's treatment. In cases involving minors, the clinician shall contact the parents/guardian to let them know how to

participate in the individual's treatment.

- 2.14 Upon admission, the state psychiatric facility shall confirm and designate the "Case Management CSB" to initiate ongoing treatment coordination with that CSB.

Practitioner Guidance: *The designated "Case Management CSB" will be entered into the Patient Resident Automated Information System (PRAIS) upon the individual's admission to track and report inpatient treatment and utilization data. When confirming the "Case Management CSB" designation, the hospital may learn that the individual is a resident of a different community services board catchment area than the one in which the prescreening was done. In this circumstance, the hospital shall immediately contact both CSBs to ensure that the individual is assigned a case coordinator from the CSB serving the area where the individual resides, advise both CSBs of the "Case Management CSB" designation in the PRAIS system, and confirm the identity of the agreed upon "Case Management CSB." Specific definitions, procedures, and interpretive guidelines for the "Case Management CSB" designation can be found in "CASE MANAGEMENT CSB and Related PRAIS Data Elements," June 2, 1994. (See Appendix F).*

Practitioner Guidance: *The NGRI Manual: Guidelines for the Management of Individuals Found Not Guilty By Reason of Insanity outlines basic expectations regarding the management of individuals who have been found NGRI. The NGRI coordinators in all CSBs and the Forensic Coordinators in all facilities have copies of the NGRI Manual.*

- 2.15 Upon admission, the state psychiatric facility shall determine whether an adult individual has executed an advance directive (formerly referred to as a living will) regarding medical treatment and health care decisions and adhere to conditions set forth in such directive, if one exists. (See Appendix I).
- 2.16 The state psychiatric facility shall appropriately evaluate any individual who presents at the facility for admission, whether or not they have been prescreened by a community services board. Should the hospital find that the individual does not require hospitalization, the hospital shall notify the appropriate community services board and the individual's parents if the individual is a minor child or adolescent to arrange for other services. It is the CSB's responsibility to put into place alternative services for the willing individual, if needed.

Practitioner Guidance: *In the rare instance when an individual who presents for admission has not been prescreened by a CSB, the absence of such prescreening should not delay or prevent the evaluation by the state psychiatric facility staff. State psychiatric facility staff should explore how the CSB was bypassed to avoid any such future circumstance.*

- 2.17 A community services board's staff member should attend all commitment hearings for residents of its catchment area, including recommitment hearings, or arrange for a surrogate or other representative to attend, regardless of the site of the commitment hearing. Surrogates can include qualified state facility or local community services board staff.

Practitioner Guidance: *Section §37.1-67.3 of the Code of Virginia makes no distinction between initial commitment and recommitment and requires a prescreening of every case by the CSB serving the catchment area in which the individual resides. Geographic considerations may make it impossible for a distant CSB to prescreen one of its residents in a state psychiatric facility. Under such circumstances, it is acceptable for a surrogate, such as a hospital staff or a local CSB, to conduct the evaluation on behalf of the "Case Management CSB". When such an alternative is used, the prescreening staff must review their findings and recommendations with the "Case Management CSB" prior to the commitment hearing, and any report that is presented at the hearing by an alternate prescreener must be approved by the "Case Management CSB".*

- 2.18 When an individual requires a hearing for recommitment, staff at the state psychiatric facility shall notify the community services board at least 14 calendar days in advance of the hearing date. Community services

board staff shall complete the prescreening evaluation for recommitment and attend the hearing unless other arrangements have been made with the hospital. (See 2.17).

- 2.19 Community services boards shall negotiate written agreements with all Juvenile and Domestic Relations and General District courts serving their catchment areas. The agreements shall specify the responsibilities of each party and the procedures to be followed in managing cases brought before the court that involve civil and forensic mental health evaluations and treatment. (See §37.1-197 in Appendix A)
- 2.20 Each community services board shall provide the courts and magistrates within its geographic catchment area lists of CSB employees and other designated clinicians who can perform the mental health examinations described above and in the cited statutes.

Practitioner Guidance: *A Directory of Mental Health Professionals With Training in Forensic Evaluation is available from the Department's Office of Forensic Services or the Institute of Law, Psychiatry, and Public Policy. For information, contact the Forensic Services Section in the Office of Mental Health and Substance Abuse Services, DMHMRSAS, P.O. Box 1797, Richmond, Virginia 23218 at telephone number (804) 786-4837 or Institute of Law, Psychiatry and Public Policy, Box 100, Blue Ridge Hospital, Charlottesville, Virginia 22901 at telephone number (804) 924-5435.*

3. COORDINATION OF TREATMENT PLANNING

Introduction

Treatment planning assures that an individual is thoroughly and comprehensively assessed and provided with care that is appropriate to the individual's specific treatment and support needs.

Procedures

- 3.1 Community services boards shall ensure that each individual hospitalized in a state psychiatric facility who will require services and supports upon return to the community is assigned a CSB case manager who will be responsible for hospital liaison activity involving the individual's treatment and discharge planning. For individuals who were homeless or transient prior to admission, a case manager from the community services board that conducted the preadmission screening shall be the liaison. The CSB case manager shall be identified on the DMHMRSAS Preadmission Screening Form (DMH 224).

Practitioner Guidance: *Individuals referred for hospitalization through the Virginia Department of Corrections or minors who are admitted from Department of Juvenile Justice (formerly the Department of Youth and Family Services) facilities and who will be returning to those facilities at discharge are not required to have a CSB case manager.*

Practitioner Guidance: *Individuals who are mentally retarded and mentally ill will be assigned a CSB case manager in accordance with established procedures reflected in the Regional Crisis Stabilization Protocol. (See Appendix K).*

Practitioner Guidance: *The NGRI Manual: Guidelines for the Management of Individuals Found Not Guilty By Reason of Insanity outlines basic expectations regarding the management of individuals who have been found NGRI. The NGRI Coordinators in all CSBs and the Forensic Coordinators in all state psychiatric facilities have copies of the NGRI Manual.*

- 3.2 The preliminary treatment plan shall be developed in accordance with the applicable Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Health Care Finance Administration (HCFA) standards and shall be based on the information obtained through the preadmission screening process, the initial hospital assessments, and other available records.
- 3.3 The treatment plan shall be developed collaboratively by the hospital treatment team; the individual; the individual's parents, family, or guardian, as appropriate; the assigned community services board case manager; and other collateral agencies as appropriate. Collateral agencies may include the Department of

Social Services (DSS), the Department of Health, or the Department of Rehabilitation Services (DRS).

Practitioner Guidance: *When a minor aged 14 years or older objects to further voluntary treatment, the hospital will take necessary safeguards to assure the release of the minor to the consenting parent or guardian or will initiate the commitment process.*

Practitioner Guidance: *Hospital staff, in cooperation with community services board staff, should provide active support to the individual by informing the individual's family, parents, or guardian of treatment and discharge planning meetings and by involving the family, parents, or guardian in treatment, as appropriate, while the individual is hospitalized*

Practitioner Guidance: *The state psychiatric facility should notify the CSB of a projected discharge date as early in the hospital stay as possible, preferably within three days of admission and no later than two weeks after admission.*

- 3.4 The individual shall participate fully in the development and continued refinement of the treatment plan.

Practitioner Guidance: *All individuals, including persons who are hospitalized, have the right to participate in decisions that affect them. Participation in the treatment planning process is perhaps the most significant way to involve hospitalized persons in these decisions. The treatment team should work closely with the individual who is hospitalized to explore, understand, and utilize the individual's own treatment goals, expectations, and preferences about the various options available for treatment and support. There should also be opportunities to learn about and utilize the person's past treatment experiences in designing the current treatment plan. Full participation means working collaboratively with the treatment team on all aspects of treatment and support and having the opportunity to make choices about one's own treatment. This type of participation and collaboration should be integrated into the treatment planning process for all individuals who are hospitalized.*

- 3.5 The treatment plan shall be evaluated and revised when clinical or other significant changes occur.
- 3.6 State facility staff shall communicate with community services board staff, family, parents, or guardian, and collateral agencies throughout the course of an individual's treatment regarding treatment strategies and approaches that seem to be most effective, events or issues that will affect the individual's functioning or support in the community after discharge, and any prescribed psychotropic medications that the individual is or will be receiving and how to manage them.
- 3.7 Facility staff shall provide immediate notification of the transfer of an individual to another treatment facility for medical procedures (e.g., special hospitalization) to the "Case Management CSB" and appropriate family members, parents, or guardian.
- 3.8 The transfer of an individual from one state facility to another shall not change the case coordination responsibilities of the "Case Management CSB".
- 3.9 Overnight placement of an individual in the community on pass or revocation of any type of community pass shall require notification and consultation by facility staff with the "Case Management CSB". Family members, parents or guardian, and significant others, as appropriate, shall be notified of such placements and revocations.
- 3.10 State facility staff shall immediately notify the "Case Management CSB" and, as appropriate, the individual's family, parents or guardian, and other collateral agencies of an individual's unauthorized absence from a state psychiatric facility and of actions taken to locate the individual. Community services boards shall assist in attempts to locate these individuals to the extent possible. Facility staff shall follow Chapter 28 in the Administrative Practices Manual on Reporting Critical Incidents.
- 3.11 Case coordination for each individual and progress in treatment shall be documented at the facility or community services board when such individual is an open or active client of the CSB. These records must

include documentation of the ongoing involvement of CSB staff, family members, parents or guardians, and other collateral agencies, as appropriate, in treatment planning and service delivery.

4. COORDINATION OF DISCHARGE PLANNING

Introduction

Like preadmission screening, discharge planning ensures that community services boards and state psychiatric facilities manage the individual's transition between hospital to community in an effective manner. Discharge planning must be coordinated among CSBs, state psychiatric facilities, families, parents, guardian, and other collateral agencies, as appropriate, to assure continuity of care.

Procedures

- 4.1 The discharge plan shall be based on the individual's biopsychosocial needs and shall identify the services necessary to meet these needs in a community setting.

Practitioner Guidance: *The array of treatment, life support, and rehabilitation services which may be needed to assist an individual to transition at an optimal level to the community should be considered, located, or created. Essential components that may be needed to provide adequate services and supports include the following: case management services; crisis response services; mental health treatment; stable housing; health and dental care; income support and entitlements; peer support; family and community support; rehabilitation services, including vocational and prevocational services; client identification and outreach; and protection and advocacy.*

- 4.2 Discharge planning is the joint responsibility of the "Case Management CSB" and the state psychiatric facility.
- 4.3 Discharge planning for out-of-state residents, including minors who will be discharged to an out-of-state placement, is also the joint responsibility of the state facility treatment team and the "Case Management CSB".
- 4.4 Discharge planning for individuals who have entered Virginia state psychiatric facilities through the Interstate Transfer process is the joint responsibility of the community services board that is designated as the "Case Management CSB" at the time of admission and the state psychiatric facility.
- 4.5 When an individual chooses not to return to his or her home community after hospitalization, or if returning to the home community is not appropriate or possible, the discharge plan shall be jointly developed by the "Case Management CSB", the state psychiatric facility treatment team, the family, parents or guardian, and other collateral agencies, as appropriate, and with the CSB serving the community in which the individual will reside following hospitalization.

Practitioner Guidance: *When returning to the home community is not appropriate or possible and when there is a lack of consensus regarding placement between the involved CSBs' discharge planning team members, the following dispute resolution process is recommended:*

- (A) *If team members are unable to agree on a plan, then they should appeal to their respective supervisors within three (3) days of the initial discharge planning meeting or the initial discharge plan contact.*
- (B) *The supervisors or the mental health/mental retardation/substance abuse directors of*

the involved CSBs should attempt to resolve the disagreement. If they are unable to do so, the disagreement should be referred to the heads of the agencies that employ the disagreeing parties.

- (C) *There should be resolution of the disagreement within ten (10) days of the initial appeal.*

- 4.6 The individual who is hospitalized shall participate fully in the development of his or her discharge plan. In addition, participation shall be solicited from all persons and agencies who are involved with the individual. State psychiatric facility and community services board staff shall work together to ensure that family, parents or guardian, and other collateral agencies are appropriately involved in the discharge planning process.

Practitioner Guidance: *The development of a discharge plan requires ongoing communication and negotiation among the state psychiatric facility, the community services board, and the individual, and the individual's family, parents or guardian, and other collateral agencies, as appropriate.*

Practitioner Guidance: *Prior to discharge, the individual, the CSB case manager, state psychiatric facility staff and the individual's family, parents or guardian, and other collateral agencies as appropriate should develop an assertive outreach and back-up plan to further ensure successful community re-integration.*

Practitioner Guidance: *The NGRI Manual: Guidelines for the Management of Individuals Found Not Guilty By Reason of Insanity outlines basic expectations regarding the discharge planning for individuals who have been found to be NGRI. The NGRI Coordinators in all CSBs and the Forensic Coordinators in all state psychiatric facilities have copies of The NGRI Manual.*

- 4.7 The discharge plan shall be recorded in its entirety on the Discharge Plan and Referral Summary form (DMH 226). Copies of the discharge plan will be provided to the individual, family, parents or guardian of a hospitalized minor, the "Case Management CSB", and the state psychiatric facility.
- 4.8 Prior to discharge, the individual, and, as appropriate, his or her family, parents, or guardian, shall meet with the CSB case manager and, as appropriate, visit the community treatment, rehabilitation, support, and residential programs that are included in the discharge plan.

Practitioner Guidance: *The individual, family, parents or guardian, and other members of the individual's support system should be given the name, address, and telephone number of CSB staff who can be contacted for assistance in the event of an emergency.*

Practitioner Guidance: *Consultation and communication between the state psychiatric facility physician and the community services board physician should occur before any discharge involving unusual medical issues, including monitoring the use of drugs such as Clozapine or Risperidone.*

Practitioner Guidance: *In accordance with § 37.1-98.2, community services boards and state facilities may exchange the information required to prepare and implement a comprehensive individualized treatment and discharge plan when the individual has refused consent.*

Practitioner Guidance: *Individuals who will continue to receive services from a community services board after discharge should receive a face-to-face appointment with the CSB case manager or other service providers within one week of the date of discharge from the state psychiatric facility. An appointment with the community services board physician should be scheduled no later than two weeks after discharge.*

- 4.9 Discharge to an emergency shelter or similar temporary setting shall not be part of the discharge plan unless the individual's continued hospital stay is clinically contraindicated, a continued hospital stay is detrimental to the individual's course of recovery, and both of these conditions are clearly documented on the discharge plan. Such discharges must be accompanied with comprehensive community supports including a plan to secure long-term, stable housing. CSB staff must provide face-to-face follow-up of individuals discharged to emergency shelters or similar temporary settings within seven calendar days of discharge from the state psychiatric facility.

Practitioner Guidance: *The US Department of Housing and Urban Development (HUD) has specific criteria which define various conditions of homelessness and eligibility for HUD funded homeless services. Providers of these services may request documentation about homeless persons being discharged from state facilities which outlines the following: (a) that the facility's policies allow discharge to an emergency shelter for the homeless, (b) that the facility does not serve as a support network to help the person obtain housing or, which describes what steps were taken to obtain housing and certifies that no subsequent residence could be located, and (c) that the person lacks the resources and support to obtain housing independently.*

- 4.10 When a hospitalized individual leaves the state psychiatric facility Against Medical Advice (AMA), facility staff shall immediately notify the "Case Management CSB" and, in the likelihood that the individual will remain in the area close to the state psychiatric facility, the CSB serving the catchment area in which the facility is located. When a minor is involved in such circumstances, the individual's parent or guardian must also be notified.
- 4.11 Community services boards and state psychiatric facilities shall jointly review the effectiveness of their discharge planning processes and outcomes on a regular basis and at least annually. These evaluations shall be used to refine CSB and state psychiatric facility procedures, agreements, and planning and problem-solving activities.

5. POST-HOSPITAL FOLLOW-UP CARE

Introduction

Post-hospital follow-up is essential for ensuring that individuals who are discharged from state psychiatric facilities receive the necessary community services and supports to live successfully in the community. There must be continuity of care among community services and supports as well.

Procedures

- 5.1 The community services board shall ensure that the individual is offered post-hospital services and supports and, if such services and supports are accepted, the CSB shall monitor implementation of the discharge plan.
- 5.2 For individuals for whom the CSB will be the post-hospital services provider, that community services board's staff shall conduct a face-to-face interview with the individual, and as appropriate, the individual's family, parents, or guardian no later than one week after the date of discharge. If the individual fails to keep the appointment and does not reschedule, then telephone contact and assertive outreach, which may include a home visit, shall be made to assess the individual's situation and implement a revised community support plan.
- 5.3 Post-hospital follow-up shall be provided by the community services board serving the community in which the individual lives or, in the case of a minor, the CSB serving the community in which the minor's parent or guardian resides. In those cases where a minor has been placed at a prohibitive distance from his or her guardian, the community services board serving the catchment in which the individual is placed shall provide the post hospital follow-up, as appropriate.

Practitioner Guidance: *There are some situations in which CSBs would not be expected to continue to provide services to individuals after hospitalization. These situations arise when individuals no longer wish to receive services, when services have been successful and no further interventions are required, when an individual (or a minor's parents or guardian) cannot be engaged*

in services after documented efforts to re-engage them, or when all services are provided through other non-CSB affiliated agencies.

Practitioner Guidance: *For individuals 65 years and older who are discharged from state psychiatric facilities, it may be appropriate to arrange for more intensive follow-up care. In such cases, the CSB should collaborate with state psychiatric facility staff to arrange:*

- *Face-to-face contact in the placement setting after discharge until a satisfactory adjustment has been achieved, based upon the clinical judgment of the treating staff;
or*
- *Telephone contact following discharge until a satisfactory adjustment has been achieved, based upon the clinical judgment of the treating staff.*

Practitioner Guidance: *The NGRI Manual: Guidelines for the Management of Individuals Found Not Guilty by Reason of Insanity outlines basic expectations regarding the management of individuals who have been found NGRI. The NGRI coordinators in all CSBs and the Forensic Coordinators in all state psychiatric facilities have copies of The NGRI Manual.*

Practitioner Guidance: *The continued involvement of and collaboration between the community services board's mental retardation and mental health program staff is essential to the successful community integration of persons who are mentally retarded and mentally ill.*

ATTACHMENT E
RFP #720C-03248-02M

PARTICIPATION IN STATE PROCUREMENT TRANSACTIONS
BY
SMALL BUSINESSES AND BUSINESSES OWNED BY WOMEN AND MINORITIES

The following definitions will be used in completing the information required by one or more of the three categories of businesses contained in this Appendix as applicable to your firm: (1) Participation by Small Businesses; (2) Participation by Businesses Owned by Women; and (3) Participation by Businesses Owned by Minorities.

DEFINITIONS

Period is the specified 12-month period for which the information provided in this list is applicable and valid. The period will be specified as month and year.

Firm Name, Address and Phone Number is the name, address and business phone number of the small business, women-owned business or minority-owned business with which the Offeror has contracted or done business over the specified period or plans to involve on this contract, as applicable.

Contact Person is the name of the individual in the specified small business, women owned business or minority-owned business who would have knowledge of the specified contracting and would be able to validate the information provided in this list.

Type Goods or Services is the specific goods or services the Offeror has contracted for from the specified small, women-owned or minority-owned business over the specified period of time or plans to use in the performance of this contract, as applicable. The Offeror will asterisk (*) those goods and services that are in the Offeror's primary business or industry.

Dollar Amount is the total dollar amount (in thousands of dollars) the Offeror has contracted for or has done business with the listed firm during the specified period or plans to use on this contract, as applicable.

% Total Company Expenditures for Goods and Services is calculated by dividing the dollar amount of business conducted or contracted for with the indicated firm over the specified period by the total expenditure of the Offeror over the specified period for goods and services.

% of Total Contract is calculated by dividing the estimated dollars planned for the indicated firm on this contract by the total Offeror estimated price of this contract.

1. PARTICIPATION BY SMALL BUSINESSES

A. Offeror certifies that it () is, () is not, a small business concern. For the purpose of this procurement, a small business is a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is contracting and can further qualify under the criteria concerning number of employees, average annual receipts, or other criteria, as prescribed by the United States Small Business Administration.

B. List small businesses with which the Offeror has contracted or done business and dollar amounts spent with each of these businesses in the most recent 12-month period for which data are available. Offerors are encouraged to provide additional information and expand upon the following format:

PERIOD: From: _____ To: _____

% TOTAL CONTRACT: _____

FIRM NAME: _____, CONTACT PERSON: _____

ADDRESS: _____ PHONE #: _____

EXPENDITURES: _____ TYPE GOODS/SERVICES

DOLLAR AMOUNTS: _____

1. PARTICIPATION BY SMALL BUSINESSES
(Continued)

C. Describe Offeror's plans to involve small businesses in the performance of this contract either as part of a joint venture, as a partnership, as subcontractors or as suppliers. Offerors are encouraged to provide additional information and expand upon the following format:

FIRM NAME: _____, CONTACT PERSON: _____

ADDRESS: _____ PHONE #: _____

EXPENDITURES: _____ TYPE GOODS/SERVICES

DOLLAR AMOUNTS: _____

2. PARTICIPATION BY BUSINESSES OWNED BY WOMEN

A. Offeror certifies that it () is, () is not, a women's business enterprise or women-owned business. For the purpose of this procurement, a women-owned business is a concern that is at least 51 percent owned by a woman or women who also control and operate it. In this context, "control" means exercising the power to make policy decisions, and "operate" means being actively involved in the day-to-day management.

B. List businesses owned by women with which the Offeror has contracted or done business and dollar amounts spent with each of these businesses in the most recent 12-month period for which data are available. Offerors are encouraged to provide additional information and expand upon the following format:

PERIOD: From: _____ To: _____

% TOTAL CONTRACT: _____

FIRM NAME: _____, CONTACT PERSON: _____

ADDRESS: _____ PHONE #: _____

EXPENDITURES: _____ TYPE GOODS/SERVICES

DOLLAR AMOUNTS: _____

2. PARTICIPATION BY BUSINESSES OWNED BY WOMEN
(Continued)

C. Describe Offeror's plans to involve businesses owned by women in the performance of this contract either as part of a joint venture, as a partnership, as subcontractors or as suppliers. Offerors are encouraged to provide additional information and expand upon the following format:

FIRM NAME: _____, CONTACT PERSON: _____

ADDRESS: _____ PHONE #: _____

EXPENDITURES: _____ TYPE GOODS/SERVICES

DOLLAR AMOUNTS: _____

3.PARTICIPATION BY BUSINESSES OWNED BY MINORITIES

A. Offeror certifies that it () is, () is not, a minority business enterprise or minority-owned business. For the purpose of this procurement, a minority-owned business is a concern that is at least 51 percent owned and controlled by one or more socially and economically disadvantaged persons. Such disadvantage may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to, Blacks, Hispanic Americans, Asian Americans, American Indians, Eskimos, and Aleuts.

B. List businesses owned by minorities with which the Offeror has contracted or done business and dollar amounts spent with each of these businesses in the most recent 12-month period for which data are available. Offerors are encouraged to provide additional information and expand upon the following format:

PERIOD: From: _____ To: _____

% TOTAL CONTRACT: _____

FIRM NAME: _____, CONTACT PERSON: _____

ADDRESS: _____ PHONE #: _____

EXPENDITURES: _____ TYPE GOODS/SERVICES

DOLLAR AMOUNTS: _____